

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY**

IN RE: VALSARTAN, LOSARTAN, AND
IRBESARTAN PRODUCTS LIABILITY
LITIGATION

No. 1:19-md-2875-RBK

EXPERT DECLARATION OF LAURA R. CRAFT

I. INTRODUCTION

1. This case alleges injury to named Plaintiffs (“Plaintiffs”) and Proposed Classes comprised of consumers and third-party payors (“TPPs”) who purchased, paid for, or provided reimbursement for some or all of the purchase price of any generic valsartan-containing drug (“VCD”) intended for personal or household use from January 1, 2012 through the final recall of these products as of November 10, 2021. Valsartan is an angiotensin II receptor blocker (ARB) used to treat high blood pressure (hypertension) and heart failure.¹ It is sold as a standalone drug (as a generic version of the branded product Diovan), in combination therapy with hydrochlorothiazide (as a generic version of the branded product Diovan HCT), and as amlodipine-valsartan and its corresponding combination therapy with hydrochlorothiazide (as a generic version of the branded products Exforge and Exforge HCT, respectively).² Plaintiffs

¹ Diovan (valsartan) label, Novartis Pharmaceuticals (2011), accessed October 15, 2021 at https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/021283s033lbl.pdf.

² Third Amended Consolidated Economic Loss Class Action Complaint, filed November 1, 2021, at ¶¶2-6.

allege that Defendants in this matter “designed, manufactured, labeled, marketed, distributed, packaged, and sold” VCDs that were “contaminated,” “non-merchantable,” “not of the quality or purity represented” and not qualified under the FDA generic approvals that had been granted for them.³ On this basis, Plaintiffs have alleged on behalf of themselves and potential classes of consumers and TPPs claims for breach of express and implied warranties, fraud, negligent misrepresentation, unjust enrichment, negligence, negligence per se, and violations of state consumer protection laws in all 50 of the United States, its territories and possessions, including the District of Columbia and Puerto Rico.⁴ The Defendants include four Active Pharmaceutical Ingredient (API) Manufacturers (Zhejiang Huahai Pharmaceutical Col, Ltd., Hetero Labs, Ltd., Mylan Laboratories, Ltd., and Aurobindo Pharma, Ltd., and their respective affiliates),⁵ three Finished Dose Manufacturers (Teva, Actavis, and Torrent, and their respective affiliates),⁶ the country’s three major Wholesalers (Cardinal Health, Inc., McKesson Corporation, AmerisourceBergen Corporation);⁷ and eight Retail Pharmacies that dispensed the VCDs to consumers (Walgreens, CVS, Walmart, Rite-Aid, Express Scripts, Kroger, OptumRx, Albertsons).⁸

2. I have been provided with the text of the proposed Class Definitions which include both Economic Loss Classes on behalf of TPPs and consumers and, separately, Medical Monitoring Classes on behalf of individuals who consumed in excess of certain quantities of the

³ Third Amended Consolidated Economic Loss Class Action Complaint, filed November 1, 2021, at ¶¶2-9.

⁴ Third Amended Consolidated Economic Loss Class Action Complaint, filed November 1, 2021, at ¶¶ 603-823.

⁵ The API Manufacturers in this case also marketed and sold their own finished dose products in the United States under their own approved drug applications, so can also be considered Finished Dose Manufacturers as well.

⁶ Third Amended Consolidated Economic Loss Class Action Complaint, filed November 1, 2021, at ¶¶ 99-105.

⁷ Third Amended Consolidated Economic Loss Class Action Complaint, filed November 1, 2021, at ¶¶ 142-157.

⁸ Third Amended Consolidated Economic Loss Class Action Complaint, filed November 1, 2021, at ¶¶ 106-141. Retail pharmacy Humana Pharmacy, Inc. is no longer a named defendant in the two class action cases (Economic Harm and Medical Monitoring) but is still part of the personal injury case. However, Humana previously produced data that is helpful in demonstrating the process for ascertaining class membership and is therefore still discussed in this Declaration.

specified VCDs. Copies of these definitions are attached as Exhibit A to this Declaration. I have also been provided with a list of 428 National Drug Codes (“NDCs”) which uniquely identify the VCD products that Plaintiffs allege to have been improperly manufactured and sold and to have been both valueless and unsafe. That list is attached hereto as Exhibit B. Counsel for Plaintiffs have asked me to evaluate whether, given the Proposed Class definitions and the various exclusions applied, it is possible to identify the individual consumers and TPPs who meet their terms. This Declaration identifies the pharmaceutical industry practices, legal regulations and available data that make it possible to do so.

A. Qualifications

3. I am the President of OnPoint Analytics, Inc. (“OnPoint”), an economic, statistical, and financial consulting firm specializing in data analytics for complex litigation. A large portion of OnPoint’s business is devoted exclusively to health care and, in particular, to the pharmaceutical industry. Since 2004, I have been responsible for overseeing all of the firm’s work involving pharmaceutical products. Most of these engagements have involved litigation. Others have involved strategic planning related to drug product launches or pricing. I have personally worked on more than 65 pharmaceutical cases involving antitrust allegations, unfair competition, fraud on the market, patent infringement, patent damages, breach of contract, and requests for injunctive relief. In the course of that applied experience, I have developed specialized knowledge about the sources and uses of pharmaceutical data as well as industry practices related to drug development, approval, marketing, sales, pricing, formulary placement, and reimbursement.

4. In 2017, I co-authored the book *Empirical Challenges in Pharma Litigation*, which describes in detail various data sets, including those privately developed and maintained by drug manufacturers and their partners, government data, and data collected and sold by commercial

services for use by industry participants and analysts. The book examines differences between these data sets and outlines many of their analytical uses in litigation. I have co-developed and taught various courses for attorneys including *Data and Empirical Challenges in Pharmaceutical Litigation and Antitrust Claims Involving Pharmaceutical Products*.

5. I have extensive experience specifying, interpreting, and analyzing health insurance data, including premium pricing data, claims processing data, and reimbursement data. I have worked on numerous class actions (in pharmaceutical and other markets) in which key functions included developing databases of discrete transactions from multiple data sources, and both identifying class members and isolating and removing those who are uninjured or subject to specific class exclusions. Pharmaceutical cases in which I have served as an expert over the last four years include *In Re: Zetia (Ezetimibe) Antitrust Litigation*; *In Re: Novartis and Par (Exforge) Antitrust Litigation*; *Staley, et al. v. Gilead Sciences, Inc., et al.*; *In Re: Restasis (Cyclosporine Ophthalmic Emulsion) Antitrust Litigation*; *In Re: Namenda Indirect Purchaser Antitrust Litigation*; *In Re: Loestrin Antitrust Litigation*; *In Re: Suboxone (Buprenorphine Hydrochloride and Naloxone) Antitrust Litigation*; *In Re: Ranbaxy Generic Drug Application Antitrust Litigation*; *In Re: Opana ER Antitrust Litigation*; and *In Re: Niaspan Antitrust Litigation*.⁹ A true and correct copy of my *curriculum vitae*, including a listing of my prior testimony, is attached as Exhibit C.

⁹ A class of Third-Party Payors was recently certified in *Zetia (In Re: Zetia (Ezetimibe) Antitrust Litigation*, 2:18-md-2836, U.S. District Court for the Eastern District of Virginia, August 20, 2021) (“Zetia”). Defendants’ Rule 23(f) Petition seeking to appeal that decision has been rejected by the Fourth Circuit Court of Appeals (Order, September 30, 2021, U.S. Court of Appeals for the Fourth Circuit, Case No. 21-258). Motions to certify have not yet been scheduled or filed in *Exforge (In re Novartis and Par Antitrust Litigation*, Case No. 1:18-cv-04361, U.S. District Court for the Southern District of New York) (“Exforge”). A class certification motion was recently filed in *Gilead* on October 20, 2021 (*Staley, et al. v. Gilead Sciences, Inc., et al.*, 3:19-cv-2573, U.S. District Court for the Northern District of California) (“Gilead”). In *Restasis*, the Court certified a class of both consumers and TPP end-payors, specifically rejecting arguments about ascertainability (*In re Restasis (Cyclosporine Ophthalmic Emulsion) Antitrust Litig.*, U.S. Dist. E.D.N.Y., Case No. 18-MD-2819, May 5, 2020, LEXIS 82725) (“Restasis”). In *Namenda*, the Court also recently certified a class of TPPs (*In re Namenda Indirect Purchaser Antitrust Litig.*, No.

6. OnPoint is being compensated for my services in this matter at my standard hourly billing rate of \$550 per hour. I have been supported in my work by OnPoint's staff whose hourly billing rates range from \$125 to \$475, depending upon the individual's experience, training, and areas of expertise. No part of the compensation due to or received by OnPoint is contingent upon the outcome of this matter.

B. Materials Relied Upon

7. In the course of my analysis, I have reviewed numerous materials including: 1) data produced by the Retail Pharmacies¹⁰ along with the deposition testimony of witnesses designated to testify on their behalf; 2) data produced by Named Plaintiffs MSP Recovery and MADA, and deposition testimony by witnesses designated to testify on their behalf, as well as testimony from EmblemHealth and SummaCare which have assigned their claims to MSP Recovery and deposition testimony or declarations on behalf of non-parties including Anthem, MADA's third party administrator, and Humana; 3) data obtained from IQVIA, a leading publisher of pharmaceutical data in the United States; 4) the Telecommunications Standards published by the National Council for Prescription Drug Programs ("NCPDP"); 5) publicly available Declarations submitted by some of the country's largest Pharmacy Benefit Managers ("PBMs") in other

1:15-cv-6549, 2021 U.S. Dist. LEXIS 26566, S.D.N.Y. Feb. 11, 2021) ("Namenda"). In *Loestrin* the Court concluded that the proposed class of Third-Party Payers was ascertainable and certified the class (*In re Loestrin24 FE Antitrust Litig.*, 410 F. Supp. 3d 352, 400, D.R.I. 2019) ("Loestrin"). In *Niaspan*, class certification was denied on August 17, 2021; a petition seeking leave to appeal under Federal Rule of Civil Procedure 23(f) and Federal Rule of Appellate Procedure 5 was filed with the Third Circuit on August 31, 2021. (*In re Niaspan Antitrust Litig.*, Case Nos. 13-md-2460 (E.D. Pa.) and 21-8042 (Third Circuit)). The petition was granted on October 7, 2021 (Order granting leave to appeal, October 7, 2021, U.S. Court of Appeals for the Third Circuit, Case No. 21-8042 (now docketed as pending Case No. 21-2895)).

¹⁰ I understand nine Retail Pharmacy Defendants were originally named in all Master Complaints and produced data during discovery, but that certain Retail Pharmacy Defendants were no longer included in the most recent Third Amended Master Economic Loss Class Complaint (ECF 1708) and Third Amended Master Medical Monitoring Class Complaint (ECF 1709). I nevertheless include discussion of the latter Retail Pharmacy Defendants' data herein because that data remains supportive and illustrative of my opinions expressed herein.

pharmaceutical antitrust actions pertaining to end-purchaser data availability.¹¹ These documents and data series are supplemented by various publicly available information sources consulted during my analysis. A listing of the materials I have relied upon is attached hereto as Exhibit D.

II. SUMMARY OF OPINIONS

8. The unique legal and technological infrastructure of the pharmaceutical industry makes it possible to identify consumer and TPP Class Members using electronic data common to the Proposed Classes. This conclusion is based upon the more detailed opinions summarized below and explained in this Declaration.

9. Opinion #1. NDCs uniquely identify all prescription drug products and tie them to their manufacturers throughout the distribution chain. Every prescription drug product in the United States must be labeled at its point of origin with a unique 10- or 11-digit code (known as the National Drug Code, or “NDC”) that identifies the labeler, specific product, dosage strength and packaging. The labeler is the finished dose manufacturer or, if the manufacturer has sold the product to another entity before packaging, the identity of the repackager/relabeler. Where the repackager/relabeler has obtained its own NDC for the product, this can be linked back to the Abbreviated New Drug Application (“ANDA”) approval obtained by the Finished Dose Manufacturer from the FDA. The NDC is universally used to identify the product at each step in the distribution process, including in the final sale to consumers. In this case, the list of 428 NDCs representing the challenged VCD products can be matched to data from Wholesalers,

¹¹ Declaration of Steven Schaper (Caremark) (Declaration Filed Publicly in *Zetia*, Dkt. No. 939-5), March 18, 2020 (“Caremark Zetia Decl.”); Declaration of Jon Stocker (Prime Therapeutics) (Declaration filed publicly in *Zetia*, Dkt. No. 730-21) (Declaration Filed Publicly in *Restasis*, Dkt. 396-4, at pp. 599-602), March 13, 2019 (“Prime Restasis Decl.”); Declaration of Kent Rogers (OptumRx), (Declaration filed publicly in *Zetia*, Dkt. No. 730-20) (Declaration Filed Publicly in *Restasis*, Dkt. No. 396-4, at pp. 593-97), April 4, 2019 (“Optum Restasis Decl.”); Declaration of James Calandriello (Express Scripts), (Declaration filed publicly in *Zetia*, Dkt. No. 730-19) (Declaration filed publicly in *Restasis*, Dkt. No. 396-4, at pp. 587-91), April 9, 2019 (“Express Scripts Restasis Decl.”).

Retail Pharmacies, PBMs, and TPPs to correctly identify class transactions and trace the source of the product. This characteristic distinguishes prescription drugs from almost every other consumer product (e.g., car parts, food products, appliances, electronics) where manufacturers assign their own product numbers and labels which may lack any consistency across the industry.

10. Opinion #2. Modern-day prescription drug dispensing instantaneously adjudicates claims and creates detailed electronic records for multiple participants. Law, regulation, and essential industry operations all require at the time of dispensing that a detailed electronic record be created which, among other things, identifies consumers and health plans providing coverage. Multiple parties exchange, record, and maintain the transaction-specific data for virtually all insured prescriptions dispensed in this country, including the identity of both the patient and their health plan and the exact amounts paid by each. That data is highly standardized and must, under regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), conform at the time of its exchange to a data protocol developed by the NCPDP. Pharmacies also generate and maintain equivalent records of uninsured transaction, and provide records of prescriptions filled for their individual customers including those who have no insurance.

11. Opinion #3. Legislation governing the drug supply chain has further formalized practices that enable product tracing. The Drug Supply Chain Security Act (“DSCSA”) includes provisions for electronically recording and tracing the transfer of prescription drug products from manufacturers to wholesalers or direct purchasers and from wholesalers to pharmacies. This information is yet another way that product sold to an end purchaser can be traced back to its point of origin.

12. Opinion #4. Data already produced in this case confirm that Proposed Class

Members can be identified. Detailed transactional records produced by both Named Plaintiffs and Retail Pharmacies demonstrate the adequacy of the electronic data to identify TPP and consumer Class Members. Equivalent data could if necessary be obtained from the major PBMs who are highly concentrated, from additional non-defendant pharmacies, and from TPPs themselves. In addition, comprehensive data obtained from IQVIA which collects its data from PBMs, pharmacies, and technology switch operators, identifies by name thousands of TPPs that paid for these purchases and reports their pharmacy reimbursements monthly in each state for each NDC.

13. Opinion #5. Class exclusions can readily be applied. The stored electronic data described above is sufficient programmatically to implement the Proposed Class exclusions. The typical exclusions—present in virtually all class actions—present no problems and are known to Defendants. These exclusions include the corporate Defendants, their personnel and affiliates, counsel of record, the Court, its employees and their immediate family members. Persons who file a timely request to opt out of the Proposed Classes would be identified in the court record and could also be programmatically excluded. Federal and state government entity TPPs are identifiable in claims data and include a well-recognized set of programs. Pharmacies are already legally required to differentiate these federal and state payors to assure that their enrollees do not receive benefits under loyalty programs or coupons that are prohibited under anti-kickback laws. Federal and state government entities are also specifically targeted in PBM marketing as a result of their unique needs for regulatory compliance. PBMs are also excluded; they are not identified as purchasers in the claims data because they are recognized to act only as intermediaries for their TPP clients and not as end-purchasers, so no steps are necessary to exclude them.

14. Opinion #6. There are numerous members of the Proposed Classes. Data made available in this case already identifies millions of consumers who purchased the challenged VCDs and more than 3,000 TPPs who paid in whole or in part for them.

III. OPINION #1. THE NDC FOLLOWS THE DRUG PRODUCT THROUGHOUT ITS LIFE

15. Drug dispensing data are — as required by law — highly standardized. One of the key elements to this system of standardization is the use of a 10- or 11-digit, 3-segment code that uniquely identifies each drug product.¹² This sequence of digits, known as the National Drug Code (“NDC”), embeds details about the specific product including the identity of the manufacturer (or labeler), the dosage form (e.g., pill, capsule, liquid), the dosage strength (e.g., milligrams per pill), and packaging (e.g., blister pack with count).¹³ Where a specific branded drug has generic equivalents, each of those generic equivalents has its own NDC. In the United States, the NDC is universally used by regulators, manufacturers, wholesalers, pharmacies, PBMs and TPPs to communicate with each other about exactly what drug product is being sold or has been dispensed.¹⁴ Formularies used by TPPs to establish which drugs will be reimbursed and at what co-pay level routinely prefer generic drugs over their branded equivalents and require a small cost contribution from the consumer. The NDC, which is used to make this

¹² United States Food and Drug Administration, “National Drug Code Directory,” accessed November 4, 2021, at <https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>; United States Food and Drug Administration, “National Drug Code Database Background Information,” accessed November 4, 2021, at <https://www.fda.gov/drugs/development-approval-process-drugs/national-drug-code-database-background-information>.

¹³ United States Food and Drug Administration, “National Drug Code Directory,” accessed November 4, 2021, at <https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>; United States Food and Drug Administration, “National Drug Code Database Background Information,” accessed November 4, 2021, at <https://www.fda.gov/drugs/development-approval-process-drugs/national-drug-code-database-background-information>.

¹⁴ There are rare plans that use an equivalent identifier known as the GPI 14 instead.

distinction, is an organizing principle in the various data sources I discuss throughout this Declaration.

IV. OPINION #2. INDUSTRY PRACTICE AND LEGAL MANDATES RESULT IN DATA THAT IDENTIFY BOTH TPP AND CONSUMER PAYORS

16. One of the defining characteristics of the U.S. pharmaceutical industry is the completeness, redundancy, and detail of its contemporaneously generated transaction data kept and maintained by all parties in the drug supply chain. There is perhaps no other consumer good where so much information is recorded by so many different participants in connection with an individual sales transaction. These robust data are largely uniform (for reasons I discuss below) and make it possible to identify Proposed Class members and apply exclusions.

A. Prescription Dispensing Leaves a Clear Electronic Trail

17. There are at least three institutional sources of electronic, transaction-specific data that identify the payors associated with a prescription drug purchase: 1) PBMs that adjudicate an insurance or discount claim connected to the purchase; 2) TPPs that provide prescription drug coverage to the consumer (regardless of whether the claim was actually paid by the TPP); and 3) pharmacies that dispense the drug product. In the case of a purchase by an insured consumer, these data sources operate almost simultaneously, and they effectively replicate the key data elements. In addition, commercial aggregators of this data such as IQVIA assemble the individualized transaction information and report statistics on the number and dollar amount of purchases in which named health plans are involved for each separate drug product. There are multiple reasons for the close tracking of prescription drug sales in the United States; chief among them are public health and safety. It is necessary to link adverse events to specific drugs,

to be able to recall drugs where necessary, to avoid dangerous drug interactions, and to identify and curtail over-prescribing or excessive consumption.

18. Every time an insured consumer fills a prescription at a pharmacy (whether mail order or brick and mortar), a process known as electronic “claims adjudication” takes place, typically in a matter of seconds.¹⁵ If it were not for this process, it would be impossible to split the cost of the drug between the consumer and insurer at the time of purchase. Instead, the consumer would end up paying the entire price and then billing the insurer to recover a portion of the cost. Claims adjudication performs four basic functions relevant to this case. First, it verifies eligibility, checking to determine whether the consumer is in fact covered by the plan.¹⁶ This would be impossible if the PBM data system did not uniquely identify individuals by member ID linked to enrollment data including name, date of birth and address. Second, it determines the applicable benefit structure, including whether (and at what level) the dispensed drug is covered by the plan’s formulary, and what co-payment or co-insurance should be applied. This would be impossible if each plan’s benefit structure and formulary were not stored electronically and automatically linked. Third, it calculates the division of the purchase price between the consumer and the TPP, including the consideration of any unsatisfied deductibles or caps on out-of-pocket expenditures or benefits. This would be impossible if the system did not store and link data on the consumer’s prior claims activity. Finally, the adjudication process commits the TPP to pay the pharmacy its share of the drug price together with an agreed upon

¹⁵ First Coast Health Solutions, “Pharmacy Claims Processing,” accessed November 4, 2021 at <https://firstcoasthealthsolutions.com/pharmacy-claims-processing/>.

¹⁶ Garis, Robert I., et al., “Examining the Value of Pharmacy Benefit Management Companies,” *American Journal of Health-System Pharmacy* 61, no. 1 (2004), accessed October 25, 2021 at https://www.medscape.com/viewarticle/466688_4.

dispensing fee. Aggregated billing and prompt payment to the pharmacy would be impossible without this underlying accounting detail.

19. All of this happens electronically within seconds, but that was not always the case. In the 1970s, pharmacies, insurers and prescribers all recognized the critical importance of arriving at a single, standardized, nationwide system that would result in migration away from paper prescriptions and claims.¹⁷ The multi-disciplinary NCPDP was charged with designing such a system that would rely on “Telecommunications.”¹⁸ The objective was the development of an electronic messaging protocol and precise data architecture that would be shared by the entire industry, referred to generally as an industry standard.¹⁹ The first set of such standards was issued in 1988 and there have since been several comprehensive updates (“versions”) as well as a continuous process of minor enhancements and additions not relevant to this case.²⁰ Use of the NCPDP system became mandatory under HIPAA regulations in 2003.²¹ Version D.0 has been in effect since 2010, throughout the entire Proposed Class Period.²²

20. Requiring each pharmacy to be able to communicate directly with each insurer (and vice versa) would have been technologically infeasible and cost prohibitive. Instead, the system relies heavily on a group of intermediaries. Chief among them are the PBMs who do the technological heavy lifting. TPPs hire these PBMs to perform a wide array of services for them, including claims adjudication, plan design, member enrollment, pharmacy pricing, and

¹⁷ NCPDP, “*Pharmacy: A Prescription for Improving the Healthcare System*,” October 2009, at p.8.

¹⁸ NCPDP, “*Pharmacy: A Prescription for Improving the Healthcare System*,” October 2009, at p. 5.

¹⁹ NCPDP, “*Pharmacy: A Prescription for Improving the Healthcare System*,” October 2009, at p. 12.

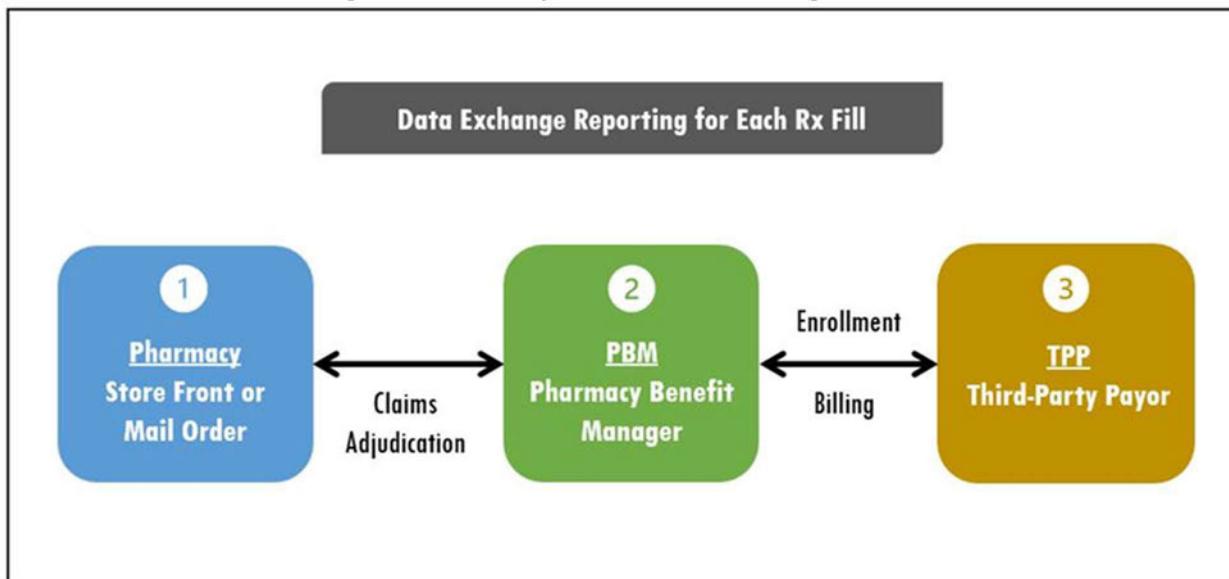
²⁰ NCPDP, “*Pharmacy: A Prescription for Improving the Healthcare System*,” October 2009, at pp. 1 & 12-13.

²¹ 45 CFR §162 (2003).

²² NCPDP, *Telecommunication Standard: Implementation Guide Version D.0*, August 2010 (ANSI approved in August 2007). NCPDP has published updates of the Telecommunication Standard since Version D.0, but D.0 is still the version mandated by HIPAA (Centers for Medicare & Medicaid Services (CMS), “*Adopted Standards and Operating Rules*,” accessed September 15, 2021 at <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html>).

manufacturer rebate negotiations. In claims adjudication, the PBM acts as the TPP's agent in interacting with the pharmacy, and electronically reports the results of these activities back to the TPP who is liable for the claims payment. Figure 1 illustrates this process.

Figure 1. Claims Adjudication Data Exchange Process



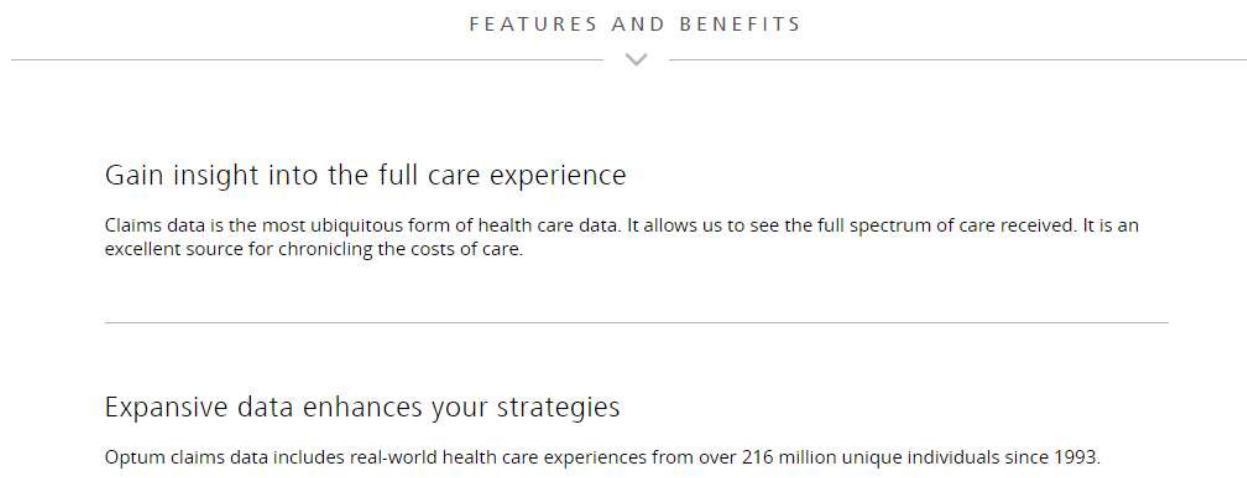
21. Claims adjudication data is maintained by PBMs for long periods of time. Medicare and Medicaid claims data are legally required to be retained for at least ten years,²³ and there are many other practical reasons why PBMs preserve this data. These include: (1) the high commercial value of such data, which can be analyzed, packaged and sold in various forms; (2) the low cost of storing data in the modern era; (3) audit capacity; (4) the ability to answer patient drug history questions; (5) proof of regulatory compliance; and (6) proof of compliance with contractual requirements. As the Court said in *In Re Loestrin 24 FE Antitrust Litigation*, “the economic incentives for PBMs, pharmacies, and other relevant actors are aligned with retaining

²³ CFR § 423.505(d). See also, Walgreens Health Initiatives, “Pharmacy Manual,” January 2011, accessed October 4, 2021 at https://web.archive.org/web/20180729134041/http://www.walgreenshealth.com/pdf/forms/Revised_Pharmacy_Manual_2010_Revised_04072010.pdf, at p. 6; CVS/Caremark Part D Services, “Medicare Part D Compliance / Fraud, Waste & Abuse,” 2009, accessed October 4, 2021 at <https://www.caremark.com/portal/asset/MedicarePartD.pdf>, at p. 30 (setting a 10-year minimum for record retention).

this data in some form for as long as possible” and “[d]ata retention allows these entities to prove that they have satisfied their contractual obligations and complied with regulatory requirements.”²⁴ Many sponsors of Medicare Part D plans also offer other Commercial plans; it would make no sense for a PBM to destroy claims data from Commercial plans while preserving claims data from Medicare Part D Plans, all for the same client. I have seen no evidence that this happens.

22. Historical claims data can be used in many ways. To more generally understand the commercial value of such data to PBMs, one may simply look to Optum’s website promoting its “OptumInsight” business.²⁵ The “Claims Data” page, an excerpt of which is shown below in Figure 2, says Optum “owns one of the largest and most complete data assets in the nation” with the data going back almost thirty years.²⁶

Figure 2. Screenshot of Claims Data Page on Optum Website



²⁴ *In re Loestrin24 FE Antitrust Litig.*, 410 F. Supp. 3d 352, 400 (D.R.I. 2019).

²⁵ Optum, “From Data to Action,” 2018, accessed November 3, 2021 at https://www.optum.com/content/dam/optum3/optum/en/resources/articles-blog-posts/Optum_Data_vs_Analytics_vs_Insights_vs_Actions.pdf; UnitedHealth Group, “Optum,” 2021, accessed October 4, 2021 at <https://www.unitedhealthgroup.com/who-we-are/businesses/optum.html>.

²⁶ Optum, “Claims Data,” accessed November 3, 2021 at <https://www.optum.com/business/solutions/government/federal/data-analytics-federal/claims-data.html>.

23. Similarly, CVS Caremark markets its analytics business, touting its “extensive clinical databases — one of the broadest *plan member health databases* in the industry — to identify opportunities to help reduce costs for clients and improve outcomes for their members.

As a pharmacy benefit manager (PBM), CVS Caremark has access to millions of pharmacy claims, which allow a real-time look at the pharmaceutical market, enabling us to identify trends and patterns that can affect payors’ benefit spend.”²⁷

B. The Relevant Data is Highly Standardized and Includes Information That Identifies Proposed Class Members

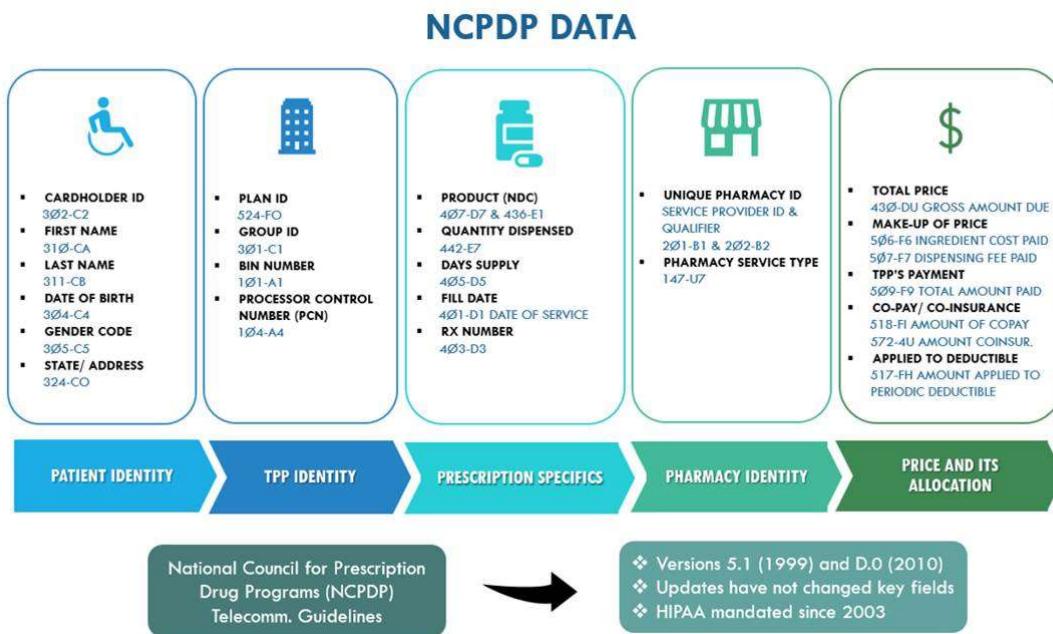
24. Declarations from major PBMs are publicly available in the dockets of a number of pharmaceutical antitrust end-payor indirect purchaser cases and specifically affirm that PBMs use the NCPDP industry standard format for data collection and presentation.²⁸ As noted above, since 2003, adherence to NCPDP procedures (including data fields and formatting) has been required under federal law.²⁹ The entire retail pharmaceutical sector thus employs the same basic data fields and messaging system.

25. Some of the key fields electronically exchanged and stored in this process provide information identifying Proposed Class members, as summarized in Figure 3:

²⁷ CVS Health Payor Solutions, “Using Analytics to Identify Targeted Solutions,” accessed November 4, 2021 at <https://payorsolutions.cvshealth.com/programs-and-services/cost-management/using-analytics-to-identify-targeted-solutions> (emphasis added).

²⁸ Caremark Zetia Decl., at ¶9; Prime Restasis Decl., at ¶10; Optum Restasis Decl., at ¶8. Express Scripts Restasis Decl., at ¶8.

²⁹ Federal Register, August 17, 2000 (Volume 65, Number 160), at pp. 50311-50372; NCPDP, “*Pharmacy: A Prescription for Improving the Healthcare System*,” October 2009, at p. 14.

Figure 3. Selected NCPDP Data Fields and Codes

26. These data elements – each of which has its own identifying field number where the information must be electronically entered – include the basic elements to identify consumer and TPP Class Members and to link individual transactions to them. If the required information is missing or incorrectly entered, an error message is automatically generated, thus ensuring the accuracy and completeness of the electronic message. Although the system sounds complex, the information in fields relevant to this case is intuitive, uncomplicated, and standard.

27. The resulting data set, referred to as claims data, includes core NCPDP fields as illustrated in Figure 3, but also contains additional fields *about the payor* that appear automatically when the incoming pharmacy message is instantly linked to information collected and maintained by PBMs in setting up their accounts and tracking member enrollment. It is this claims data that PBMs then use as the basis for billing the correct party. The descriptions of client/carrier, account, and group appearing in the claims data are shortened versions of actual names in client data tables maintained by the PBM. Shortened names are routinely used in

database development to allow for efficient processing, and more detailed descriptors are saved for separate tables that are linked but do not normally have to be called in the daily data operations. In order for billing to take place, this data must minimally contain full names, addresses and email contacts, as well as the federal taxpayer ID number and banking coordinates associated with each plan.

28. The vast majority of TPPs contract directly with PBMs to administer their prescription drug programs. Given the technological barriers to entry, it is unsurprising that claims adjudication has largely (although not exclusively) fallen to the largest PBMs. PBMs process and keep a record of the claim even when the entire cost is paid by the member due to deductibles or limits on total coverage. PBMs also process claims involving retailer and manufacturer discount programs.

29. Table 4 shows the share of total U.S. prescriptions processed by each of the six largest PBMs in 2015-2018, inclusive of entities they have subsequently acquired or with whom they have merged.³⁰ Each PBM's percentage includes prescriptions managed by small PBMs for which the large PBM acts as an aggregator and performs the claims adjudication function.³¹ As Table 4 demonstrates, the top six PBMs processed between 89% and 96% of U.S. prescription volume annually between 2015 and 2018, with that share rising over time.³²

³⁰ Centralization and uniformity of PBM data makes it a natural resource to identify TPPs, but certainly not the only one. IRS Form 5500 filed by health and welfare plans identifies many thousands of plan sponsors yearly. Claims administrators in pharma end-payor cases have over time compiled their own lists of TPPs in operation each year.

³¹ “The smaller PBMs often do not have the scale to negotiate favorable formulary rebates and may lack a claims processing system. In some situations, a large PBM acts as an aggregator for these smaller entities. The big player gets to submit a larger consolidated rebate invoice, and the smaller player gets access to better pricing and a national claims system” (Drug Channels Institute, *The 2018 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers*, by Adam J. Fein, February 2018, at p. 112).

³² Fein, Adam J., “Why the Walgreens/Prime Deal Could Transform the PBM Industry,” *Drug Channels Institute*, September 7, 2016, accessed November 4, 2021 at <https://www.drugchannels.net/2016/09/why-walgreensprime-deal-could-transform.html>; Fein, Adam J., “The CVS-Aetna Deal: Five Industry and Drug Channel Implications,” *Drug Channels Institute*, December 5, 2017, accessed November 4, 2021 at <https://www.drugchannels.net/2017/12/the-cvs-aetna-deal-five-industry-and.html>; Fein, Adam J., “Cigna-Express Scripts: Vertical Integration and PBMs’ Medical-Pharmacy Future,” *Drug Channels Institute*, March 9, 2018,

Table 4. Top Six PBMs' Shares of U.S. Retail Prescriptions Filled, 2015-2018³³

	2015 ³⁴	2016	2017	2018
1. CVS Caremark + Aetna (merged 2018 ³⁵)	23%	29%	29%	30%
2. Express Scripts + Cigna (merged 2018)	24%	24%	24%	23%
3. OptumRx (owned by UnitedHealth)	20%	22%	22%	23%
4. Humana	9%	7%	7%	7%
5. MedImpact	6%	5%	6%	6%
6. Prime Therapeutics (owned by Blue Cross Blue Shield ³⁶)	7%	6%	6%	6%
7. All Other PBMs + Cash Pay	11%	8%	4%	4%
Share of Top 6 PBMs	89%	92%	96%	96%

accessed November 4, 2021 at <https://www.drugchannels.net/2018/03/cigna-express-scripts-vertical.html>; Fein, Adam J., “CVS, Express Scripts, and the Evolution of the PBM Business Model,” *Drug Channels Institute*, May 29, 2019, accessed November 4, 2021 at <https://www.drugchannels.net/2019/05/cvs-express-scripts-and-evolution-of.html>.

³³ Note that the annual totals do not sum to 100% and subtotals for the seven largest PBMs do not total precisely equal to the sum of their individual numbers in Table 4 due to rounding. Fein, Adam J., “Why the Walgreens/Prime Deal Could Transform the PBM Industry,” *Drug Channels Institute*, September 7, 2016, accessed November 4, 2021 at <https://www.drugchannels.net/2016/09/why-walgreensprime-deal-could-transform.html>; Fein, Adam J., “The CVS-Aetna Deal: Five Industry and Drug Channel Implications,” *Drug Channels Institute*, December 5, 2017, accessed November 4, 2021 at <https://www.drugchannels.net/2017/12/the-cvs-aetna-deal-five-industry-and.html>; Fein, Adam J., “Cigna-Express Scripts: Vertical Integration and PBMs’ Medical-Pharmacy Future,” *Drug Channels Institute*, March 9, 2018, accessed November 4, 2021 at <https://www.drugchannels.net/2018/03/cigna-express-scripts-vertical.html>; Fein, Adam J., “CVS, Express Scripts, and the Evolution of the PBM Business Model,” *Drug Channels Institute*, May 29, 2019, accessed January 28, 2021 at <https://www.drugchannels.net/2019/05/cvs-express-scripts-and-evolution-of.html>.

³⁴ The 2015 data source is different from the 2016 and 2017 data sources in two ways: (1) it represents each PBM’s share of *insured* prescriptions (excluding *Cash* transactions) and (2) it is not converted from straight prescriptions to “equivalent prescriptions.” (An “equivalent prescription” is a 30-day prescription, so this adjustment converts all 90-day prescriptions to three 30-day prescriptions.) Because of these differences, the percentages for 2015 were adjusted to make them more comparable to the percentages for 2016 and 2017. Based on information from IMS (now known as IQVIA), the percentage of retail prescriptions that were *Cash* transactions was determined for 2015 (8.1% - see Table 4). Each PBM’s share was lowered accordingly to account for the inclusion of cash purchases using the following steps: (1) The aggregate PBM share of total retail prescriptions was computed by subtracting out the cash prescriptions ($100\% - 8.1\% = 91.9\%$). (2) Each PBM’s share of total retail prescriptions was computed by multiplying its share of the PBM market by the PBM share of total retail prescriptions ($[PBM \text{ share of PBM market}] \times 91.9\% = [PBM \text{ share of total retail prescriptions}]$). (It was not possible to convert straight prescriptions to “equivalent prescriptions” without more granular data. However, the fact that the shares for 2015 and 2016 are very similar suggests that this adjustment would not make much difference in the shares of the PBMs.) Note: Subsequent updates in the IQVIA data on the cash percentage of retail prescriptions have caused the top 7 PBMs’ share of retail prescriptions in 2015 to be slightly lower than previously reported.

³⁵ LaVito, Angelica, “CVS creates new health-care giant as \$69 billion merger with Aetna officially closes,” *CNBC*, November 28, 2018, accessed October 8, 2021 at <https://www.cnbc.com/2018/11/28/cvs-creates-new-health-care-giant-as-69-billion-aetna-merger-closes.html>.

³⁶ Prime Therapeutics, “Media resources,” accessed November 4, 2021 at <https://www.primesterapeutics.com/news/media-resources/>.

30. The numbers in the table above reflect the fact that PBMs have consolidated across time through mergers and acquisitions. A number of those operating prior to 2015 have merged with larger PBMs, and their data now belongs to the surviving entities. PBM consolidation thus requires data collection from fewer entities. Although PBMs may not always re-format older data for entities they have acquired, industry standardization of data fields makes this a comparatively easy task.

31. Each time a prescription is filled, the pharmacy maintains a parallel record of the transaction. For the small share of transactions paid for in cash with no TPP or PBM involvement, this “pharmacy log” constitutes an alternative data source. Like PBMs, the pharmacy industry is also significantly consolidated; in 2018 the fifteen largest pharmacies accounted for 76.1% of all prescription drug revenue as shown in Table 5.³⁷ The top nine Retail Pharmacies collectively accounted for approximately 72% of the nation’s prescription drug dispensing revenue and their data has already largely been produced.³⁸ Although these revenue figures include specialty drugs and both mail order and storefront sales, they can be used as a proxy for the share of Proposed Class transactions.

³⁷ See Table 5: $24.2+17.5+11+6.1+4.9+3.2+2.6+1.5+1.2+1.1+0.6+0.6+0.5+0.5+0.4 = 76.1$

³⁸ See Table 5: $24.2+17.5+11+6.1+4.9+3.2+2.6+1.5+1.2 = 72.2$.

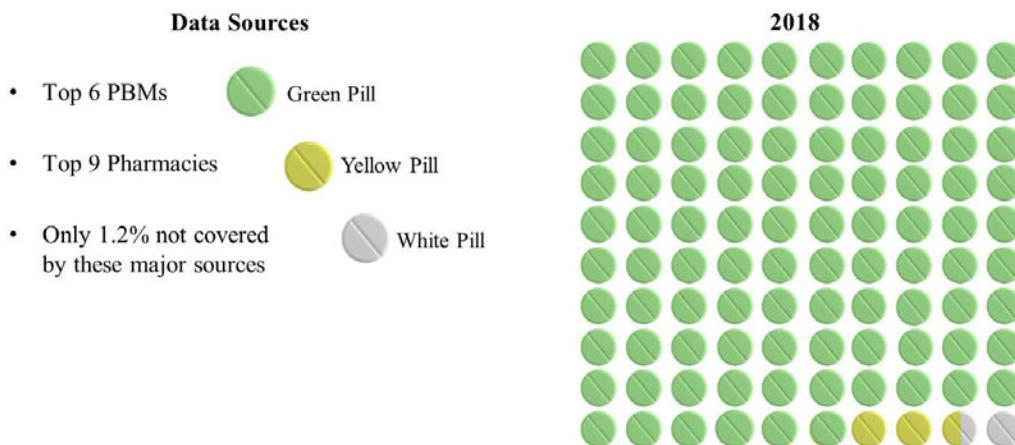
Table 5. Pharmacy Shares of U.S. Prescription Drug Revenue³⁹

	2015	2016	2017	2018
1. CVS Health Corporation / Target Corporation	24.0%	23.4%	23.8%	24.2%
2. Walgreens Boots Alliance / Prime Therapeutics	16.0%	15.0%	15.6%	17.5%
3. Cigna / Express Scripts	11.7%	11.3%	11.6%	11%
4. UnitedHealth Group (OptumRx)	4.3%	4.2%	5.0%	6.1%
5. Walmart Stores, Inc.	5.5%	5.0%	5.0%	4.9%
6. The Kroger Company	2.6%	2.6%	3.2%	3.2%
7. Rite Aid Corporation	5.3%	4.6%	3.8%	2.6%
8. Humana Pharmacy Solutions	1.2%	1.2%	1.5%	1.5%
9. Albertsons Companies	1.5%	1.3%	1.2%	1.2%
10. Diplomat Pharmacy	0.9%	1.1%	1.1%	1.1%
11. Costco Wholesale Corporation	0.7%	0.6%	0.6%	0.6%
12. PharMerica		0.5%	0.6%	0.6%
13. Publix			0.5%	0.5%
14. Ahold Delhaize	0.6%	0.5%	0.5%	0.5%
15. H-E-B				0.4%
Top Pharmacies	74.3%	71.6%	74.0%	76.1%

32. Combining Retail Pharmacy data with data from the largest PBMs could be expected to cover up to 98% of Class purchases as illustrated in Figure 6.

³⁹ Fein, Adam J., “The Top 15 U.S. Pharmacies of 2018: M&A Reshapes the Market,” *Drug Channels Institute*, February 26, 2019, accessed October 12, 2021 at <https://www.drugchannels.net/2019/02/the-top-15-us-pharmacies-of-2018-m.html>; Fein, Adam J., “The Top 15 U.S. Pharmacies of 2017: Market Shares and Key Developments For The Biggest Companies,” *Drug Channels Institute*, February 21, 2018, accessed October 12, 2021 at <https://www.drugchannels.net/2018/02/the-top-15-us-pharmacies-of-2017-market.html>; Fein, Adam J., “The Top 15 U.S. Pharmacies of 2016,” *Drug Channels Institute*, February 2, 2017, accessed October 13, 2021 at <https://www.drugchannels.net/2017/02/the-top-15-us-pharmacies-of-2016.html>; Fein, Adam J., “The Top 15 Pharmacies of 2015,” *Drug Channels Institute*, January 28, 2016, accessed October 13, 2021 at <https://www.drugchannels.net/2016/01/the-top-15-pharmacies-of-2015.html>.

Figure 6. Overlap of PBM and Pharmacy Data



V. OPINION #3: DATA COLLECTED AND MAINTAINED UNDER THE DRUG SUPPLY CHAIN SECURITY ACT ALLOWS DRUG PURCHASES TO BE TRACED TO DEFENDANTS

33. The DSCSA was enacted in 2013, and requires prescription drug manufacturers, wholesalers, repackagers, and pharmacies to “[e]xchange information about a drug and who handled it each time it is sold in the U.S. market.”⁴⁰ The DSCSA was implemented as one part of the Drug Quality and Security Act (DQSA), aimed at addressing vulnerabilities in the drug supply chain, and facilitating tracing of prescription drugs in finished dosage form through the supply chain.⁴¹ It is worth noting that the DSCSA was implemented after a series of deadly incidents regarding drugs, including the tragic deaths of 81 people as a result of contaminated heparin API sourced from a Chinese drug manufacturer.⁴²

⁴⁰ FDA, *Drug Supply Chain Security Act (Title II of the Drug Quality and Security Act) Overview of Product Tracing Requirements*, September 2015, accessed November 4, 2020 at <https://www.fda.gov/media/93779/download>, at pp. 3, 5 and 8.

⁴¹ U.S. Department of Health and Human Services, Office of Inspector General, *Drug Supply Chain Security: Dispensers Received Most Tracing Information*, OEI-05-16-00550, March 2018, accessed November 4, 2020 at <https://oig.hhs.gov/oei/reports/oei-05-16-00550.pdf>, at p. 2.

⁴² Congressional hearing stating that the goal of the ultimate DSCSA was to create “a system by which we will be able to track drugs from the time they leave the manufacturing facility to the time they reach patients in the pharmacy, hospital, nursing home, or doctor's office” (U.S. Government Printing Office, House Hearing titled “The Heparin Disaster: Chinese Counterfeits and American Failures,” April 29, 2008, accessed November 4, 2020 at <https://www.govinfo.gov/content/pkg/CHRG-110hhrg53183/html/CHRG-110hhrg53183.htm>).

34. While the DSCSA was enacted in 2013 and is still not fully operative, significant participants in the pharmaceutical supply chain (such as the wholesalers and retail pharmacies who are defendants in this case) maintained similar information as a part of their ordinary course of business prior to the enactment of the DSCSA. [REDACTED]

[REDACTED]

35. The DSCSA generally requires participants in the drug supply chain (starting from the manufacturer, through the wholesaler, to purchases by the retail pharmacy) to retain, for every transaction, the following information: product name; NDC; container size; number of containers; lot number; date of transaction; date of shipment; and name and address of the entity transferring ownership and taking ownership of the product. The DSCSA requires that this data be kept in a manner to allow these authorized participants to respond within 48 hours to requests from appropriate federal or state officials — in the event of a recall or for the purpose of investigating suspect product or an illegitimate product — for the transaction history of the pharmaceutical product.⁴⁴

VI. OPINION #4: DATA ALREADY PRODUCED IN THIS CASE ILLUSTRATE THE FEASIBILITY OF IDENTIFYING CLASS MEMBERS

A. Named Plaintiff Data

36. As previously described, PBMs, TPPs and Pharmacies all generate and/or receive electronic records of prescription drug transactions in the regular course of their business. TPPs maintain or have access through their PBMs to comprehensive data showing their payments and

⁴³ [REDACTED]

⁴⁴ FDA, “Title II of the Drug Quality and Security Act,” December 16, 2014, accessed September 10, 2021 at <https://www.fda.gov/drugs/drug-supply-chain-security-act-dscsa/title-ii-drug-quality-and-security-act>.

their members' payments for VCD products. This opinion is confirmed by the data and deposition testimony of Named Plaintiffs in this case.

1. *Named Plaintiff, MADA*

37.

Topic	Percentage
Healthcare	95%
Finance	92%
Technology	88%
Politics	85%
Science	82%
Art	78%
History	75%
Culture	72%
Sports	68%
Food	65%
Entertainment	62%
Business	58%
Environment	55%
Religion	52%
Crime	48%
Space	45%
Automotive	42%
Transportation	38%
Aviation	35%
Space Exploration	32%
Robotics	28%
Quantum Computing	25%
Neuroscience	22%
Gene Editing	18%
AI Ethics	15%
Climate Change	12%
Renewable Energy	10%
Space Tourism	8%
Space Mining	5%
Space Colonization	3%
Space Warfare	2%
Space Exploration Policy	1%

⁴⁵ Anthem Inc. Form 10-Q for the quarterly period ended September 30, 2020, filed October 28, 2020, at p. 8.

⁴⁶ Deposition of Thomas Brown, May 28, 2021, at 35:21-36:10, 45:9-22; Deposition of Patricia Cobb, October 21, 2021, at 24:1-10, 48:14-49:20, 87:23-88:8.

⁴⁷ Deposition of Thomas Brown, May 28, 2021, at 52:5-12, 53:13-16, 63:2-6, 147:13-17; Deposition of Patricia Cobb, October 21, 2021, at 87:23-88:8.

⁴⁸ Deposition of Patricia Cobb, October 21, 2021, at 218:8-219:6.

⁴⁹ Deposition of Thomas Brown, May 28, 2021, at 161:4-162:7;

Deposition of Thomas Brown, May 28, 2011, at 101... 102...

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED]

2. *Named Plaintiff, MSP Recovery*

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

⁵¹ Deposition of Thomas Brown, May 28, 2021, at 63:7-14.

⁵² Deposition of Patricia Cobb, October 21, 2021, at 87:23-88:8, 218:8-219:6.

⁵³ Deposition of Thomas Brown, May 28, 2021, at 55:3-22, 57:3-10, 256:3-20.

⁵⁴ Deposition of Christopher Miranda, April 29, 2021, at 23:15-27:22

⁵⁵ Deposition of Christopher Miranda, April 29, 2021, at 33:21-34:3.

A series of six horizontal black bars of varying lengths, decreasing from left to right. The first bar is the longest, followed by a shorter one, then a very long one, then two more short ones, and finally a very short one at the end.

a. Assignor, EmblemHealth

Term	Percentage (%)
Climate change	100
Global warming	100
Green energy	100
Sustainable development	100
Carbon footprint	91
Renewable energy	100
Environmental protection	100

⁵⁶ Deposition of Christopher Miranda, April 29, 2021, at 34:16-25, 56:5-65:11; [REDACTED].xlsx.'

⁵⁷ Deposition of Christopher Miranda, April 29, 2021, at 101:11-18.

⁵⁸ Deposition of Christopher Miranda, April 29, 2021, at 38:20-39:8.

⁵⁹ Deposition of Christopher Miranda, April 29, 2021, at 25:17-26:17; Deposition of Margaret Finn, July 30, 2021, at 217:6-10, 231:5-233:22, 240:9-241:9.

⁶⁰ Deposition of Margaret Finn, July 30, 2021, at 218:13-19.

⁶¹ Deposition of Christopher Miranda, April 29, 2021, at 26:8-12; MSP Recovery, [REDACTED].xlsx.”

[REDACTED]

b. Assignor, SummaCare

The figure consists of a vertical column of 15 horizontal black bars. Each bar's length represents a numerical value or a proportion. The bars are all the same width and are separated by equal vertical distances. The lengths of the bars vary significantly, with some being very short and others extending almost to the top of the frame.

⁶² Deposition of Christopher Miranda, April 29, 2021, at 55:12-56:20, 58:7-24, 63:22-65:3;

⁶³ Deposition of Margaret Finn, July 30, 2021, at 153:5-15.

⁶⁴ Deposition of Tiffanie Mrakovich, July 22, 2021, at 136:19-24; Deposition of Tiffanie Mrakovich, August 31, 2021, at 13:21-14:11; Deposition of Christopher Miranda, April 29, 2021, at 23:15-25:13.

⁶⁵ Deposition of Tiffanie Mrakovich, July 22, 2021, at 136:25-137:9, 173:25-174:5.

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• 99

⁶⁷ Deposition of Christopher Miranda, April 29, 2021, at 55:12-56:20, 58:7-24, 63:22-65:3;

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED]

[REDACTED]

[REDACTED]

B. Retail Pharmacies' Data

Term	Percentage
GMOs	~95%
Organic	~85%
Natural	~90%
Artificial	~98%
Organic	~90%
Natural	~95%
Artificial	~98%
Organic	~95%
Natural	~98%
Artificial	~98%

⁶⁸ Deposition of Tiffanie Mrakovich, July 22, 2021, at 178:7-21.

⁶⁹ Deposition of Tiffanie Mrakovich, July 22, 2021, at 180:20-23.

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⁷¹ The FDA defines a Class I recall as “a situation in which there is a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death.” See FDA, “Recalls Background and Definitions,” accessed November 2, 2021 at <https://www.fda.gov/safety/industry-guidance-recalls/recalls-background-and-definitions>. The recall of medicines containing valsartan, announced in July 2018, was “the largest Class I FDA recall involving a pharmaceutical drug.” See, Bowersox Law Firm, “Valsartan: FDA Announces Recall,” accessed November 2, 2021 at <http://www.bowersoxlaw.com/dangerous-drugs-valsartan>.

45

72

Term	Percentage (%)
Alzheimer's disease	98
Stroke	98
Heart attack	98
Diabetes	98
Hypertension	98
Obesity	98
Smoking	98
High cholesterol	98
Genetic testing	98
Screening	98
Healthcare provider	98
Medicine	98
Exercise	98
Healthy diet	98
Medical condition	98

⁷⁶ Deposition of Erin Shaal, Pharm.D. (Albertsons), September 22, 2021, 51:9-23; 57:2-59:9.

⁷⁷ Deposition of Dick Derks (Walmart), September 27, 2021, 54:9-55:18.

⁷⁸ Deposition of Brian Strong (Walgreens), September 22, 2021, 26:20-27:15.

⁷⁹ Deposition of Wendy Woon-Fat (OptumRx), October 7, 2021, 34:14-35:7.

⁸⁰ Deposition of Steven Taylor (OptumRx), October 7, 2021, 207:21-209:22.

⁸¹ See, e.g., Deposition of Steven Taylor (OptumRx), October 7, 2021, 183:5-184:11; Deposition of Owen McMahon (Rite Aid), September 23, 2021, 73:24-74:1, 84:22-85:8, 163:15-165:2; Deposition of Catherine Stimmel (Walgreens), September 20, 2021, 163:6-15; Deposition of Stacy Zulueta (Walmart), September 27, 2021, 238:17 - 239:6; Deposition of Dick Derkx (Walmart), September 27, 2021, 105:2-23, 104:13-24.

⁸² Deposition of Ketan Patel (OptumRx), October 7, 2021, 279:9-24.

83 [REDACTED] Deposition of Steven Taylor
(OptumRx), October 7, 2021, 200:16-201:23. [REDACTED] Deposition of Owen McMahon (Rite Aid), September 23, 2021, 79:21-80:23.

49. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED] ■ [REDACTED]

[REDACTED] ■ [REDACTED]

[REDACTED]

[REDACTED] ■ [REDACTED]

84 [REDACTED]

Topic	Percentage
Healthcare	95%
Finance	92%
Technology	88%
Politics	85%
Science	82%
Entertainment	78%
Sports	75%
Culture	72%
Food	68%
Travel	65%
Business	62%
Environment	58%
Art	55%
History	52%
Mathematics	48%
Physics	45%
Chemistry	42%
Biology	38%
Geography	35%
Astronomy	32%
Physics	30%
Chemistry	28%
Biology	25%
Geography	22%
Astronomy	20%
Physics	18%
Chemistry	15%
Biology	12%
Geography	10%
Astronomy	8%
Physics	5%
Chemistry	3%
Biology	2%
Geography	1%
Astronomy	1%

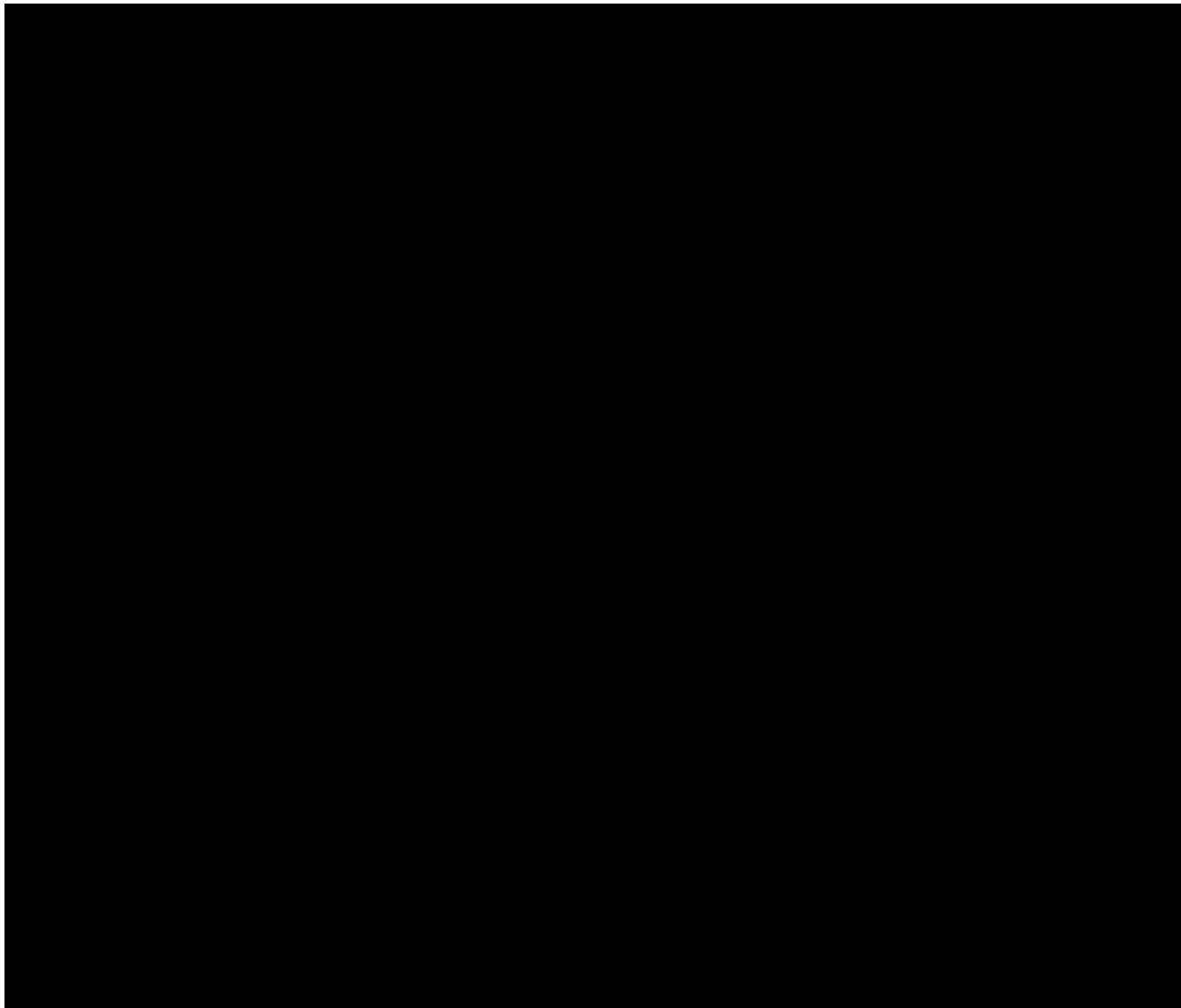
⁸⁸ Due to size limitation, some of the data may need to be handled by a statistical transfer program prior to analysis in a given statistical software platform.

Term	Percentage
Climate change	100%
Global warming	~95%
Green energy	~85%
Sustainable development	~75%
Environmental protection	~65%

The image consists of a series of horizontal black bars of varying lengths, arranged vertically. The bars are solid black and have thin white borders. They are positioned against a plain white background. The lengths of the bars decrease as they move from top to bottom, creating a visual effect of descending steps or a staircase.

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Table 7. Summary of Retail Pharmacy Defendant Claims Data



VII. OPINION #5: EXCLUSIONS CAN BE PROGRAMMATICALLY APPLIED USING THE AVAILABLE DATA

53. The data used in processing claims (including data stored with PBMs responsible for claims adjudication and with pharmacies) is sufficient when combined with public records to carry out the Proposed Class exclusions. These include standard exclusions present in virtually all end-payor cases, government entity exclusions, and exclusion of PBMs. Claims are also

excluded for consumers who purchased only one product manufactured by Hetero prior to May 1, 2018, and no other VCDs. Because pharmacy, PBM, and TPP data include NDC, transaction date, and the patient's identity, it is possible to identify these claims and individuals.⁹⁴

A. Standard Exclusions Are Easily Applied and Are Typical of All Indirect Purchaser Class Actions

54. The Proposed Class definition contains standard exclusions common to almost all end payor class actions: 1) Defendants their and affiliated entities and personnel; 2) Defendants' assigns, and successors; 3) all third-party payors who properly execute and file a timely request for exclusion from any Court-approved class, and 4) court personnel and family members. Defendants could provide a list of those in the first two categories, the third will be a matter of record in the docket, and the fourth could be identified by the Court itself if necessary.

B. Federal and State Government Entities

55. Federal and State government entities are excluded from the Proposed Classes. This is nothing new – class actions routinely exclude such government claims. First, it is important to point out that simply because a health plan covers federal or state employees does not mean that claims arising from injury or overcharges to that health plan belong to the government entity. On the contrary, large swaths of government health coverage are provided by standard commercial insurers who reimbursed generic valsartan-containing drugs, suffered the injury and/or overcharges, and would be entitled to participate in the Proposed Classes. In those cases, the government entity's role was to contribute premiums on behalf of members, just as any other

⁹⁴ For example, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

employer might. In general, the Federal Employees Health Benefits (“FEHB”) program, which covers non-military federal workers, is delivered through conventional commercial insurers.⁹⁵ Government plans to be excluded from the claims database consist of those where the federal or state government itself is the payor, and thereby suffered the loss sought to be recovered in this case. There are numerous ways to identify such plans, including through PBM data, pharmacy data, government websites and personnel offices, actuarial consulting databases, and data publishers such as IQVIA.

56. Aside from Medicare and Medicaid, the major federally operated government programs are Department of Defense/Tricare (previously known as CHAMPUS), the Department of Veterans Affairs (“VA”), the Indian Health Service (“IHS”), the Children’s Health Insurance Program (“CHIP”),⁹⁶ and Ryan White ADAP.⁹⁷ In 2015, coverage through four of these agencies/programs (Tricare, VA, IHS, and CHIP), along with additional subsidies to Medicaid and Medicare, accounted for roughly 89% of total federal prescription drug expenditures.⁹⁸ The

⁹⁵ Congressional Research Service, *Laws Affecting the Federal Employees Health Benefits (FEHB) Program*, by Kirstin B. Blom and Ada S. Cornell, R42741, July 22, 2015, at pp. 1-2.

⁹⁶ CHIP is funded by both the federal and state governments (Medicaid.gov, “Children’s Health Insurance Program (CHIP),” accessed October 12, 2021 at <https://www.medicaid.gov/chip/index.html>).

⁹⁷ AIDS Drug Assistance Programs (ADAPs) are a subpart of the national Ryan White HIV/AIDS Program (RWHAP) Part B, originally established under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990 (42 U.S.C. §§ 300ff, et seq.; (U.S. Department of Health and Human Services, Health Resources and Services Administration, *AIDS Drug Assistance Program (ADAP) Manual*, 2016, at pp. 3 & 10-13). ADAPs are funded primarily by federal grants and administered by U.S. state and territorial governments. They directly fund the purchase of HIV- and AIDS-related prescription medications for “low-income people living with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare” (U.S. Department of Health and Human Services, Health Resources and Services Administration, “Part B: AIDS Drug Assistance Program,” accessed October 12, 2021 at <https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-aids-drug-assistance-program>). ADAPs are considered the “payer of last resort” for eligible individuals in need of HIV- and AIDS-related prescription medications (National Alliance of State and Territorial AIDS Directors (NASTAD), “2019 National RWHAP Part B and ADAP Monitoring Project Annual Report,” 2019, accessed October 12, 2021, at <https://publications.partbadap-2019.nastad.org/>, at Section 1).

⁹⁸ CMS, National Health Expenditures by Type of Service and Source of Funds: Calendar Years 1960 to 2019, 2015, “NHE2019.xlsx”; Olson, Peter, and Louise Sheiner, “The Hutchins Center Explains: Prescription drug spending,” *The Brookings Institution*, April 26, 2017, accessed November 5, 2021 at <https://www.brookings.edu/blog/up-front/2017/04/26/the-hutchins-center-explains-prescription-drug-spending/#:~:text=In>; CMS, “CMS Releases 2015 National Health Expenditures,” press release, December 2, 2016, accessed November 5, 2021 at <https://www.cms.gov/newsroom/press-releases/cms-releases-2015-national-health-expenditures>; United States

remainder includes, for example, drugs dispensed at hospitals paid for by programs such as the 340B Drug Pricing Program and drugs purchased by the Federal Bureau of Prisons for federal inmates, neither of which are relevant to this case.⁹⁹

57. Aside from the VA, which also operates its own PBM,¹⁰⁰ these federal programs use the services of major PBMs just as commercial plans do.¹⁰¹ PBMs clearly know the identities of their payor clients; indeed, PBMs participate in bidding processes to earn those contracts with government entities.¹⁰² In the course of requesting data from PBMs, plans for which a federal or state government entity is the payor could be specifically flagged and/or removed.

58. PBMs actively promote their ability to tailor and manage prescription drug programs for governmental plan sponsors to promote regulatory compliance.¹⁰³ Websites for each major

Government Accountability Office, *BUREAU OF PRISONS - Better Planning and Evaluation Needed to Understand and Control Rising Inmate Health Care Costs*, GAO-17-379, June 2017, at p. 23.

⁹⁹ The 340B Drug Pricing Program requires drug manufacturers participating in Medicaid to sell outpatient medications at a discount to certain eligible healthcare providers (particularly those that provide care to high numbers of uninsured and/or low-income patients). American Hospital Association, “Fact Sheet: The 340B Drug Pricing Program,” March 2021, accessed November 5, 2021 at <https://www.aha.org/system/files/media/file/2019/04/fact-sheet-340b-0419.pdf>.

¹⁰⁰ U.S. Department of Veterans Affairs, “Pharmacy Benefits Management Services,” accessed November 5, 2021 at <https://www.pbm.va.gov/>.

¹⁰¹ TRICARE contracts with Express Scripts (TRICARE, “Pharmacy,” accessed November 5, 2021 at <https://www.tricare.mil/CoveredServices/Pharmacy>); since CHIP is administered at the state level, benefits (and contracting PBMs) vary state-by-state (e.g. Texas’ CHIP program contracts with Prime Therapeutics (BlueCross BlueShield of Texas, “Drug Coverage Details,” accessed November 5, 2021 at <https://www.bcbstx.com/chip/prescription-drugs/drug-coverage>), while West Virginia contracts with CVS Caremark (CHIP West Virginia, “Prescription Drug Plan,” accessed November 5, 2021 at <https://chip.wv.gov/providers/pages/prescriptiondrugplan.aspx>)).

¹⁰² See, e.g., Express Scripts, “You deserve quality care,” accessed November 5, 2021 at <https://militaryrx.express-scripts.com/>; Fein, Adam J., “CalPERS Bids Reveal Big Three PBM’s Drug Trend Forecasts and Pricing Strategies,” *Drug Channels Institute*, May 24, 2016, accessed November 5, 2021 at <https://www.drugchannels.net/2016/05/calpers-bids-reveal-big-three-pbms-drug.html>.

¹⁰³ CVS: “The complexity of Medicaid beneficiaries, combined with the variability of programs and requirements among states, requires payors to partner with an experienced PBM that can expertly navigate this rapidly changing market and help deliver cost savings and quality care” (CVS Health Payor Solutions, “Medicaid,” accessed October 17, 2021 at <https://payorsolutions.cvshealth.com/programs-and-services/government-services/medicaid>); “[CVS Health] Government Services teams are highly engaged with regulators at the federal and state levels to provide insights on the changing health care landscape, as well as discussing solutions that can benefit both payors and their members” (CVS Health Payor Solutions, “Health Plan Client Engagement,” accessed October 17, 2021 at <https://payorsolutions.cvshealth.com/programs-and-services/health-plan-client-engagement>); Express Scripts: “Federal clients have unique needs and fiscal challenges. We understand this, and we have the expertise, scale and operating models to meet complex OPM requirements. We apply best practices, learned through our work with the Department of Defense, to help lower costs and improve health outcomes for federal employees and their families”

PBM represent that this is a core part of their expertise, using descriptions such as: “government programs can be complex to manage... That’s where our clinical, regulatory, and data analytics come in” and “experience supporting hundreds of local, state and federal government entities, public universities and retirement systems” and “[our] government program clients perform better in audits, achieve more stars, and earn greater bonus payments.”¹⁰⁴

(Express Scripts, “Managing the Complexities of Federal and Public Sector Plans,” accessed October 12, 2021 at <https://www.express-scripts.com/corporate/who-we-help/federal-and-public-sector>); “With experience supporting hundreds of local, state and federal government entities, public universities and retirement systems, we’re ready to stand together with you and create custom, consultative solutions that help preserve your benefit, now and in the future” (Express Scripts, “Managing the Complexities of Federal and Public Sector Plans,” accessed October 12, 2021 at <https://www.express-scripts.com/corporate/who-we-help/federal-and-public-sector>); MedImpact: “Government programs can be complex to manage, and often serve populations with higher health risks and costs. That’s where our clinical, regulatory, and data analytics come in” (MedImpact, “Who We Are,” accessed October 12, 2021 at <https://www.medimpact.com/clients/who-we-are>); “Regulatory compliance - Our combination of clinical, operational, and regulatory expertise has helped MedImpact government program clients perform better in audits, achieve more stars, and earn greater bonus payments” (MedImpact, “Who We Serve,” accessed October 12, 2021 at <https://www.medimpact.com/clients/who-we-serve>); OptumRx: “Optum maintains a database of more than 120 million lives. This gives us access to more enrollment data and better visibility between commercial payers and Medicaid agencies. We also refresh our data weekly, which speeds up our rate of identifying other coverage” (Optum, “Third-Party Liability,” accessed October 12, 2021 at <https://www.optum.com/test/state-test/prevent-fraud-waste-abuse/third-party-liability.htm>).

¹⁰⁴ CVS: “The complexity of Medicaid beneficiaries, combined with the variability of programs and requirements among states, requires payors to partner with an experienced PBM that can expertly navigate this rapidly changing market and help deliver cost savings and quality care” (CVS Health Payor Solutions, “Medicaid,” accessed October 17, 2021 at <https://payorsolutions.cvshealth.com/programs-and-services/government-services/medicaid>); “[CVS Health] Government Services teams are highly engaged with regulators at the federal and state levels to provide insights on the changing health care landscape, as well as discussing solutions that can benefit both payors and their members” (CVS Health Payor Solutions, “Health Plan Client Engagement,” accessed October 17, 2021 at <https://payorsolutions.cvshealth.com/programs-and-services/health-plan-client-engagement>); Express Scripts: “Federal clients have unique needs and fiscal challenges. We understand this, and we have the expertise, scale and operating models to meet complex OPM requirements. We apply best practices, learned through our work with the Department of Defense, to help lower costs and improve health outcomes for federal employees and their families” (Express Scripts, “Managing the Complexities of Federal and Public Sector Plans,” accessed October 12, 2021 at <https://www.express-scripts.com/corporate/who-we-help/federal-and-public-sector>); “With experience supporting hundreds of local, state and federal government entities, public universities and retirement systems, we’re ready to stand together with you and create custom, consultative solutions that help preserve your benefit, now and in the future” (Express Scripts, “Managing the Complexities of Federal and Public Sector Plans,” accessed October 12, 2021 at <https://www.express-scripts.com/corporate/who-we-help/federal-and-public-sector>); MedImpact: “Government programs can be complex to manage, and often serve populations with higher health risks and costs. That’s where our clinical, regulatory, and data analytics come in” (MedImpact, “Who We Are,” accessed October 12, 2021 at <https://www.medimpact.com/clients/who-we-are>); “Regulatory compliance - Our combination of clinical, operational, and regulatory expertise has helped MedImpact government program clients perform better in audits, achieve more stars, and earn greater bonus payments” (MedImpact, “Who We Serve,” accessed October 12, 2021 at <https://www.medimpact.com/clients/who-we-serve>); OptumRx: “Optum maintains a database of more than 120 million lives. This gives us access to more enrollment data and better visibility between commercial payers and Medicaid agencies. We also refresh our data weekly, which speeds up our rate of identifying other coverage” (Optum, “Third-Party Liability,” accessed October 12, 2021 at <https://www.optum.com/test/state-test/prevent-fraud-waste-abuse/third-party-liability.htm>).

59. Regulatory restrictions on rebates and discounts for federal plans make it imperative that PBMs be able to separately identify these plans. Federal law prohibits enrollees in federal health programs from participating in pharmacy incentive programs under section 1320a-7b of Title 42, United States Code (“the Anti-Kickback Act”). This means that pharmacies cannot provide rewards for purchases made by consumers through these government programs. It is therefore unsurprising that pharmacies and PBMs focus on identifying which programs are funded by government entities. CVS, for instance, states that its rewards program “cannot be used on purchases of...any imposed governmental fees or taxes, or items *reimbursed by a government health plan.*”¹⁰⁵ Similarly, Meijer rewards rules provide that “[p]rescriptions subject to reimbursement by state or federal healthcare programs are not eligible for the Pharmacy Rewards Program.”¹⁰⁶ Kroger similarly states that “Kroger Rx Savings Club cannot be in conjunction with any Medicare, Medicaid, VA, DOD, TRICARE, or similar federal or state programs, including any state pharmaceutical programs.”¹⁰⁷ Other major pharmacies have similar rules designed to ensure legal and regulatory compliance.¹⁰⁸ Indeed, Relay Health (an operator of

¹⁰⁵ CVS Pharmacy, “ExtraCare Pharmacy & Health Rewards® Program Rules,” accessed November 5, 2021 at <https://www.cvs.com/extracare-cvs/rxrewards/program-rules>.

¹⁰⁶ Meijer, “Terms & Conditions of Use,” October 1, 2021, accessed November 5, 2021 at <https://www.meijer.com/terms.html>.

¹⁰⁷ Kroger Rx Savings Club, “Terms of Service,” July 1, 2021, accessed November 5, 2021 at <https://www.krogersc.com/terms-of-service>.

¹⁰⁸ Walgreens: “Points cannot be earned for transferring a prescription to a Participating Store by a Member who is, or at any time in the prior 6 months was, a beneficiary of Medicare, Medicaid, Tricare or any other healthcare program funded in whole or in part by the federal government” (Walgreens, “Terms and Conditions,” updated January 1, 2020, accessed November 4, 2021 at https://www.walgreens.com/images/adaptive/si/balancerewards/BalanceRewards_termsandconditions.pdf, at p. 3); Costco: Costco offers the Costco Member Prescription Program (CMPP) which is a prescription drug discount card program. In the section regarding frequently asked questions, one question posted is whether CMPP can be used with government programs. In response to this question, Costco states that customers “must choose either CMPP or the government program, including Medicare, Medicaid or other State programs. The use of the combination is not permitted for the individual prescription dispensing” (Costco Wholesale, “Frequently Asked Questions,” accessed November 5, 2021 at <https://www.costco.com/member-prescription-program-frequently-asked-questions.html#service-header-1>); SE Grocers (Bi-Lo, Winn Dixie, Fresco y Mas, Fresco's):

“SE Grocers rewards (BI-LO rewards, Fresco y Mas rewards, Harveys rewards, Winn-Dixie rewards) is a rewards program operated by BI-LO, LLC and its affiliates, subsidiaries, and parent companies.” Customers can earn points by making purchases of eligible items. This excludes “pharmacy purchases using government funded insurance.”

one of the major claims adjudication “switches” used to route claims) touts its “Government Plan Exclusion (GPE)” technology designed to automatically block all such claims involving co-pay offers for beneficiaries with “known government payer plans.”¹⁰⁹ Relay Health represents that it does this using “a robust database of government plan and coupon identifiers.”¹¹⁰

60. There are additional centralized sources that identify state plans. Every year since 2010, Milliman, Inc., a premier global consulting and actuarial firm, collects data on health plans offered by all states and local governments and adds this data to its “Milliman Atlas of Public Employer Health Plans.”¹¹¹ Describing its Atlas, Milliman states: “[S]ince 2010, data has been collected from various sources for public employers at all levels – state, county, municipality, school district, and university. (...) The raw data is generally collected from publicly available data sources.”¹¹² The data collected is extraordinarily rich, containing summaries of lives covered, benefits provided, premiums, and cost sharing arrangements.¹¹³ This data is considered

(SE Grocers Rewards, “SE GROCERS REWARDS (BI-LO REWARDS, FRESCO Y MAS REWARDS, HARVEYS REWARDS, WINN-DIXIE REWARDS) TERMS & CONDITIONS,” accessed October 12, 2021 at <https://www.segrewards.com/terms>).

¹⁰⁹ GPE applies “data and deterministic, matching technology to identify known government payer plans during primary claim processing and automatically block secondary co-pay benefits before any medication is dispensed” (McKesson, *Safeguards Manufacturers Can Use Today to Help Support Regulatory Compliance*, White Paper, October 2016, at pp. 3-4.)

¹¹⁰ Note that in the same document, McKesson comments on the fact that a NCPDP Working Group (WG9) has been working on a field called “Other Payer Adjudicated Program Type” which would be mandatory and allow for the identification of a payer’s program type within the prescription claim (McKesson, *Safeguards Manufacturers Can Use Today to Help Support Regulatory Compliance*, White Paper, October 2016, at pp. 2-3). The fact that such a field is not currently used in adjudication messaging with consumer pharmacy transactions does not mean that the PBM does not know the identity of government plans. The fact that pharmacies have to identify these plans in order to block coupon use and that RelayHealth offers technology to exclude these plans is evidence of that.

¹¹¹ Milliman, “Milliman Atlas of Public Employer Health Plans,” accessed March 25November 5, 2021 at <https://www.milliman.com/en/services/milliman-atlas-of-public-employer-health-plans>.

¹¹² Slattery, Sean, et al., “Comparison of Health Benefits Offered to State Employees and Teachers,” *Milliman*, January 4, 2019, accessed November 4, 2021 at <https://oregonbusinessplan.org/wp-content/uploads/2019/01/Comparison-of-Health-Benefits-Offered-to-State-Employees-and-Teachers.pdf>, at p. 4.

¹¹³ Slattery, Sean, et al., “Comparison of Health Benefits Offered to State Employees and Teachers,” *Milliman*, January 4, 2019, accessed November 4, 2021 at <https://oregonbusinessplan.org/wp-content/uploads/2019/01/Comparison-of-Health-Benefits-Offered-to-State-Employees-and-Teachers.pdf>; The Pew Charitable Trusts & MacArthur Foundation, “State Employee Health Plan Spending [-] An examination of premiums, cost drivers, and policy approaches,” August 2014, accessed October 12, 2021 at <https://www.pewtrusts.org/~/media/assets/2014/08/stateemployeehealthcarereportseptemberupdate.pdf>, at p. 1;

authoritative. Milliman is recognized as the preeminent expert nationally in actuarial benefits analysis and its data are relied upon for studies by leading healthcare foundations such as the Pew Charitable Trusts.¹¹⁴ Milliman can provide for purchase the names of the health plans offered by each class state, year by year, with an indication of which agency or employee plans are, at least currently, self-funded.

61. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

62. The National Conference of State Legislatures (NCSL), relying on the Milliman Atlas as a source, has published a list that indicates the type of health insurance offered by each State to its employees – i.e., self-funded plans only, fully-insured plans only, or both options (self and fully-insured plans), as shown in Figure 8 below.¹¹⁶ By matching the States listed as offering some or only self-funded plans with the Xponent data, it is possible conservatively to exclude those employee health plans. On the other hand, employee health plans linked to States that offer only fully-insured options should not be excluded (2 States), because it is the commercial insurer that has suffered those overcharges.¹¹⁷ This exercise could be refined, if needed, by comparing

National Conference of State Legislatures, “State Employee Health Benefits, Insurance and Costs,” May 1, 2020, accessed October 12, 2021 at <https://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx>.

¹¹⁴ The Pew Charitable Trusts & MacArthur Foundation, “State Employee Health Plan Spending [-] An examination of premiums, cost drivers, and policy approaches,” August 2014, accessed October 12, 2021 at <https://www.pewtrusts.org/~media/assets/2014/08/stateemployeehealthcarereportseptemberupdate.pdf>, at p. 1.

¹¹⁵ [REDACTED]

[REDACTED]

¹¹⁶ National Conference of State Legislatures, “State Employee Health Benefits, Insurance and Costs,” May 1, 2020, accessed October 12, 2021 at <https://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx>.

¹¹⁷ The two states are Idaho and North Dakota. See Figure 8 (National Conference of State Legislatures, “State Employee Health Benefits, Insurance and Costs,” May 1, 2020, accessed October 12, 2021 at <https://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx>).

those plan names to the Milliman plan-by-plan list for each State. If any uncertainty remained, a look-up online or a contact to the State's benefits office could confirm funding information.

Figure 8. State Employee Health Plan Funding¹¹⁸

All Self-Funded	Some Self-Funded Options	All Fully Insured
Alabama	California	Idaho
Alaska	Colorado	North Dakota
Arizona	Florida	
Arkansas	Georgia	
Connecticut	Hawaii	
Delaware	Illinois	
Indiana	Louisiana	
Iowa	Maryland	
Kansas	Massachusetts	
Kentucky	Michigan	
Maine	Missouri	
Minnesota	Nevada	
Mississippi	New York	
Montana	Oklahoma	
Nebraska	Oregon	
New Hampshire	Texas	
New Jersey	Virginia	
New Mexico	Washington	
North Carolina	Wisconsin	
Ohio		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Utah		
Vermont		
West Virginia		
Wyoming		

C. Identifying Payors

63. Only those entities that “paid any amount of money for a valsartan-containing drug (intended for personal or household use)” meet the primary condition of the Class definitions.¹¹⁹ Fully-insured plans make no such payments. Instead, these entities purchase their prescription drug coverage from a third-party insurance provider (e.g., Aetna, United Health Care, Blue Cross Blue Shield) that takes on all financial responsibility for claims; these providers therefore become members of the Class. This is an extremely common form of employer provided

¹¹⁸ National Conference of State Legislatures, “State Employee Health Benefits, Insurance and Costs,” May 1, 2020, accessed October 12, 2021 at <https://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx>.

¹¹⁹ See Exhibit A to this Declaration.

insurance: the employer pays premiums and the insurance company with whom it contracts provides the insurance and prescription drug benefits. Indeed, a recent survey reports that approximately 88% of all employment-based prescription drug plans are fully-insured.¹²⁰ For these plans, it is the insurer (the party that actually paid for the VCDs) that appears in the claims data and that occupies the role of TPP.

64. As previously explained, before a prescription is filled at the pharmacy, the NCPDP system is used to route it to the appropriate PBM for claims adjudication. The transmitted data needs to be sufficient for the PBM to identify the proper billing party—the one to whom it will charge the drug cost net of consumer cost sharing. Four numbers in the NCPDP message work together to assure that the claim is routed and charged correctly. These are the Bank Identification Number (“BIN”), the Processor Control Number (“PCN”), the Plan ID, and—in most cases—a Group Identification Number (“GRP”).¹²¹ These NCPDP-defined numbers tell the electronic routing system where to direct the claim so that it can be adjudicated, reimbursement delivered to the pharmacy, and a fixed payment liability created between the PBM and its client.¹²²

¹²⁰ “On average, 11.9% of prescription plans are self-funded, with the vast majority (88.1%) of employers choosing to fully insure their prescription plans, according to UBA’s new Special Report: Trends in Prescription Drug Benefits, based on data from the latest UBA Health Plan Survey of more than 10,000 employer-sponsored health plans” (Olson, Bill “Employers Split on Whether to Self-Fund Prescription Drug Plans,” *United Benefits Advisors*, June 30, 2016, accessed November 5, 2021 at <http://blog.ubabenefits.com/employers-split-on-whether-to-self-fund-prescription-drug-plans>).

¹²¹ Some plans are so simple that they do not need or use Group numbers: all members are treated identically. The Group ID provides information about the sponsor’s identity: typically, each employer that purchases a health plan on behalf of its employees gets issued a Group ID number, which goes on the insurance card of the employee. Different employers who purchase the same plan are assigned different Group numbers (St. Jude Children’s Research Hospital, “How to read your insurance card,” accessed November 5, 2021 at <https://www.stjude.org/treatment/patient-resources/caregiver-resources/patient-family-education-sheets/hematology/how-to-read-your-insurance-card.html>). In the NCPDP data, Group ID is found under “Field” **301-C1** and is required if needed to identify the cardholder or employer group, or to identify appropriate group numbers for billing. By contrast, individual health plans not purchased through a group will have no Group number (NCPDP, *Telecommunication Standard Implementation Guide – Version D.0*, August 2010, at p. 67).

¹²² NCPDP, “NCPDP Processor ID (BIN),” May 15, 2020, accessed November 5, 2021 at [https://www.ncpdp.org/NCPDP/media/pdf/Resources/NCPDP-Processor-ID-\(BIN\).pdf?ext=.pdf](https://www.ncpdp.org/NCPDP/media/pdf/Resources/NCPDP-Processor-ID-(BIN).pdf?ext=.pdf).

65. Upon its receipt at the PBM, the NCPDP message automatically links to additional data PBMs maintain about their clients. That data includes important identifiers such as Client Name and ID, specific Account name and ID, and Group Description and ID number. These hierarchically organized identifiers are automatically merged to the claim details and preserved as part of the “claims data” the PBM then uses to bill its TPP clients. The hierarchical structure linking each claim to a billable client/payer is an essential part of the PBM data architecture; it begins with the plan setup process and automatically enables the PBM to connect claims with payors in a continuous billing process. Billing itself requires that plans be automatically linked to their physical and electronic addresses and banking coordinates. The unique combination of these routing and identifying numbers enables the PBM to assign each claim to the correct payor with 100% certainty.¹²³

66. Many clients have multiple accounts with their PBMs for different plans or divisions and different consumer groups that are covered. The hierarchical data structure accounts for such subdivisions, with the top level representing the “Client” who has contracted with the PBM, the Account typically representing a particular plan or set of plans supported by that Client, and the Group used to identify the particular collection of persons covered (*e.g.*, “Michigan Plant” or “Police Officers”) and the particular formulary and benefit terms associated with their coverage. The TPP (ultimate payor of claims) typically appears in the Client/Carrier field of the PBM data, whether it is a self-funded or fully-insured plan. The exception is when the TPP has hired an Administrative Services Only organization (“ASO”) or a Third-Party Administrator (“TPA”) to handle PBM contracting for it. In some cases, descriptive fields in the PBM data specifically identify either fully-insured or self-funded status. No such description is needed for many plan

¹²³ NCPDP, “NCPDP Processor ID (BIN),” May 15, 2020, accessed November 5, 2021 at [https://www.ncpdp.org/NCPDP/media/pdf/Resources/NCPDP-Processor-ID-\(BIN\).pdf?ext=.pdf](https://www.ncpdp.org/NCPDP/media/pdf/Resources/NCPDP-Processor-ID-(BIN).pdf?ext=.pdf).

types that are necessarily fully-insured (e.g., Medicare Advantage, Managed Medicaid, Medicare Prescription Drug Plans, Exchange listed products, and Individual policies).

67. A “plan sponsor” is an entity that organizes and makes available a prescription drug plan on behalf of an identified population. The plan sponsor may be an insurance company, or it may be a union or employer seeking coverage for its members or employees. If the plan sponsor is self-funded, then it is also the ultimate TPP responsible for paying benefits. If, on the other hand, the plan sponsor is fully-insured, the insurer with whom it contracts coverage is the TPP.

68. In some cases, a self-funded TPP may contract with a separate entity to administer its plan(s), including services such as plan documentation, member enrollment, formulary approval, and review of PBM-prepared claims billing. Ultimately, the distinction between a TPA and ASO is largely just a difference in marketing labels:¹²⁴ when the contracted administrator is an insurance company, it is referred to as an ASO;¹²⁵ when it is a non-insurer benefits manager it is typically referred to as a TPA.¹²⁶ The presence of an additional intermediary does not change or obscure the identity of the self-funded TPP, which remains fully liable for claims and whose name typically appears in PBM data alongside the ASO or TPA. PBM data remains equally complete, including information on product, location, date and amounts paid for all prescriptions, regardless of whether there is an ASO or TPA. In some cases, PBM data include the names of

¹²⁴ Hunt, Fred, “Frequently Asked Questions About TPAs,” Society of Professional Benefit Administrators, March 2011, accessed November 5, 2021 at <https://spbatpa.org/article/frequently-asked-questions-about-tpas>.

¹²⁵ An ASO is “[a]n arrangement under which an insurance carrier...handle[s] the administration of claims, benefits and other administrative functions for a self-insured [employer’s health plan,] but does *not* assume any financial risk for the payment of benefits” (Anthem BlueCross, “Glossary,” accessed November 5, 2021 at https://web.archive.org/web/20150214235020/https://www.anthem.com/wps/portal/ca/footer?content_path=shared/f0/s0/t0/pw_a104140.htm&label=Glossary).

¹²⁶ Third Party Administrators (TPAs) are paid fees by self-insured plan sponsors to take on administrative responsibilities such as claims administration, loss control, risk management information systems, and risk management consulting (IRMI, “Glossary” at “Third-Party Administrator (TPA),” accessed November 5, 2021 at <https://www.irmi.com/term/insurance-definitions/third-party-administrator>). A TPA is a “[b]usiness associate that performs claims administration and related business functions for a self-insured entity” (CMS, “Glossary,” accessed November 5, 2021 at <https://www.cms.gov/apps/glossary/default.asp?Letter=T&Language=English>).

both the self-funded plan sponsor and its administrator without explicitly stating which is the TPP. However, PBMs should be expected to know the capacity in which their clients are contracting (whether on behalf of themselves or as an ASO/TPA for a self-funding TPP).¹²⁷ This is also a standard part of the account set-up for benefit managers.¹²⁸ However, even if the data supplied did not plainly delineate which entity was the ultimate payor, all specifics for the claim itself would be precise and accurate and there would be no risk of duplicate claims. If for some reason a TPA/ASO and TPP were each to submit a claim for the same purchases after a successful judgment or settlement, that duplication would immediately be apparent simply by matching the plan number and date range. The claims administrator could then simply notify the claimants and require them to resolve the dispute.

69. Health insurers are also legally required to separate their ASO accounts (described as “fee business”) from their at-risk accounts (i.e., accounts for which they sell health insurance and assume claims payment risk). U.S. insurers must file periodic reports with the National Association of Insurance Commissioners (“NAIC”) in which they report *direct premiums written* (the at-risk side of the business). NAIC’s U.S. Health Insurance Industry 2019 Annual Results

¹²⁷ Some large insurers such as United Health Group divide their corporate organization, conducting TPA/ASO business through a separate corporate entity (UMR) from the core insurance business: “UMR is a wholly owned subsidiary of UnitedHealthcare, a part of UnitedHealth Group. UMR is a third-party administrator (TPA) and not an insurance company...UMR has a proprietary claims platform with dedicated customer service and does not access claims on UHCprovider.com” (United Healthcare, “UMR supplement – 2021 UnitedHealthcare Administrative Guide,” accessed November 5, 2021 at <https://www.uhcprovider.com/en/admin-guides/administrative-guides-manuals-2021/umr-suppl-2021.html>). In such cases, the client ID number alone can be used to determine the capacity in which they are acting.

¹²⁸ See, e.g., the “Plan Service Agreement and Employer Information” form available on Group Benefit Services’ (GBS) website. GBS (now known as “Amwins Connect Administrators”) is an Employee Benefits Administrator. Among the information that has to be filled in the form is TPA (Third Party Administrator) information and whether the plan is fully-insured or self-funded (GBS Health Plans, “Sold Case Submission Procedures and Check List,” accessed November 5, 2021 at <https://secure.gbshealthcare.net/healthyadvantage/pdf/Bundle%20Sold%20Case%20Submission.pdf>; Amwins Connect Administrators, “Welcome To Amwins Connect Administrators (Formerly Group Benefit Services),” accessed November 5, 2021 at <https://www.amwinsconnecttpa.com/>).

shows the consolidated *direct premiums written* by the reporting insurers.¹²⁹ These same insurers report their ASO administrative expenses in worksheet XR021 of the Risk-Based Capital (“RBC”) filing,¹³⁰ and their at-risk premiums in worksheet XR012.¹³¹ This division is also typically reflected in the 10-K filings of publicly traded health insurers.¹³² To properly bill its ASO clients, an insurance company must necessarily segregate those accounts both from its own “at risk” business and from each other. It is therefore a business necessity that accounts reported to insurers by their PBMs be separable based upon whether the insurer is acting as insurer or as an ASO for a self-funded plan sponsor.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D. PBMs

71. PBMs are also explicitly excluded from the Proposed Class despite failing the initial qualifying test: they do not “pa[y] any amount of money for a valsartan-containing drug

¹²⁹ NAIC, “U.S. Health Insurance Industry 2019 Annual Results,” 2020, at Table 1, p. 1.

¹³⁰ NAIC, “Risk-Based Capital Forecasting and Instructions – Health,” 2019, accessed November 5, 2021 at https://www.in.gov/idoi/files/2020_Health.pdf, at pp. 31-32. For more on RBC filing, see NAIC, “Risk-Based Capital,” June 24, 2020, accessed November 5, 2021 at https://content.naic.org/cipr_topics/topic_riskbased_capital.htm

¹³¹ NAIC, “Risk-Based Capital Forecasting and Instructions – Health,” 2019, accessed November 5, 2021 at https://www.in.gov/idoi/files/2020_Health.pdf, at pp. 14-18 & 31-33.

¹³² See, e.g., Cigna Corporation Form 10-K for the fiscal year ended December 31, 2016, filed February 23, 2017, at pp. 131-133; UnitedHealth Group Form 10-K for the fiscal year ended December 31, 2020, filed March 1, 2021, at pp. 1-2 & 4.

¹³³ [REDACTED]

[REDACTED]

¹³⁴ See, e.g., Self-Funding Success, “Find A TPA,” accessed November 5, 2021 at <http://www.selffundingsuccess.com/find-a-tpa/>; Self-Insurance Institute of America, “Third Party Administrators (TPA),” accessed November 5, 2021 at <https://www.siia.org/i4a/pages/index.cfm?pageID=5059>.

(intended for personal or household use).” PBMs state clearly, repeatedly, and under oath that they are not end-payors and do not pay for the prescription drug purchases of their clients.¹³⁵ Instead, they are service providers for their TPP clients; in that capacity, they process, adjudicate and make payment for prescription drug purchase transactions on the TPPs’ behalf,¹³⁶ using the TPPs’ funds. They also negotiate pharmacy pricing for their TPP clients.

VIII. OPINION 6: THERE ARE NUMEROUS MEMBERS OF THE PROPOSED CLASSES

72. [REDACTED]

¹³⁵ Optum “is not a consumer, endpayer, insurer, or reseller of prescription drug products. OptumRx does not consider itself to be paying for its Clients’ prescription drug products.” (Optum Restasis Decl., at ¶4); “Caremark’s PBM business is not the ultimate payor of prescription benefits provided by its Clients; rather, it is an intermediary service provider that helps third-party payors provide high quality affordable health care coverage to their plan members.” (Caremark Zetia Decl., at ¶5); “As a pharmacy benefits manager, Prime is not a consumer, end-payor, insurer, or reseller of prescription drug products.” (Prime Restasis Decl., at ¶7).

¹³⁶ “As a PBM, Express Scripts offers numerous services to its Clients, including retail pharmacy claims adjudication, pharmacy network management, formulary management, and drug utilization management.” (Express Scripts Restasis Decl., at ¶5); Caremark “is an intermediary service provider that helps third-party payors provide high quality affordable health care coverage to their plan members.” (Caremark Zetia Decl., at ¶5); “The PBM business at OptumRx provides comprehensive pharmacy care services to numerous customers in the U.S. and Puerto Rico. OptumRx provides services to a broad array of clients including, but not limited to, corporate health plans, managed care organizations, unions, and other funded benefit plans... OptumRx offers its Clients, among other things, prescription drug claims adjudication services.” (Optum Restasis Decl., at ¶¶3 & 7).

[REDACTED]

[REDACTED]

IX. CONCLUSION

73. As explained above, there is ample data to identify members of the Proposed Classes and apply the exclusions in a reliable manner. Prescription drug dispensing is better documented than probably any other consumer product in the United States. Multiple parties keep detailed electronic data for each transaction and that data includes identifiers for both TPP and consumer. The Class exclusions are all addressed by either the primary data sources, available from a small number of entities, or secondary data that augments them.

I declare under penalty of perjury that the foregoing is true and correct. Executed in Berkeley, California on the 10th day of November 2021.



Laura R. Craft

¹³⁷ It is possible that a given customer could be related to more than a single unique customer ID if that individual purchased VCDs from more than a single retail and/or mail order supplier.

Exhibit A

Class Definitions for Consumers, Third-Party
Payors, and Medical Monitoring

Class Definitions and Exclusions Table

MANUFACTURER DEFENDANTS

Manufacturer Defendants Express Warranties Claim:

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
ZHP ¹ , Torrent ² , Teva ³	ZHPTORTEVEW1	All individuals in Alaska; Arizona; California; Colorado; Delaware; D.C.; Florida; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Maine; Massachusetts; Minnesota Missouri; New Jersey; New Mexico; Oklahoma; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; Washington; West Virginia; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Charlie Johnston (CA); Brian Wineinger (IN); Raleigh Wolfe (IN); Glenda Cooper (KY); Georgia Fatigato (IL); Marlin Anderson (IL); Jennifer Johnson (MN); James Childs (NJ); Radhakrishna Shetty (NJ); Billy Joe Bruner (NM); Lawrence Semmel (PA); Cheryl Mullins (VA); Miranda Dudley (NC); Mary McLean (VA)

¹ ZHP is defined to include the following Defendant entities as set forth in the Third Amended Master Economic Loss Complaint (Dkt. No. 1708): Zhejiang Huahai Pharmaceutical Co., Ltd.; Huahai US Inc.; Princeton Pharmaceutical Inc. d/b/a Solco Healthcare LLC; and Solco Healthcare US, LLC.

² Torrent is defined to include the following Defendant entities as set forth in the Third Amended Master Economic Loss Complaint (Dkt. No. 1708): Torrent Pharmaceuticals Ltd.; and Torrent Pharma Inc.

³ Teva is defined to include the following Defendant entities as set forth in the Third Amended Master Economic Loss Complaint (Dkt. No. 1708): Teva Pharmaceutical Industries Ltd.; Teva Pharmaceuticals USA, Inc.; Actavis Pharma, Inc.; and Actavis, LLC.

Class Definitions and Exclusions Table

		(limited to VCDs manufactured using ZHP Defendants' API).		
ZHP, Torrent, Teva	ZHPTORTEVEW2	All individuals in Alabama; Arkansas; Georgia; Mississippi; Montana; Nebraska; Nevada; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oregon; Tennessee; Texas; Utah; Vermont; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Id.	Sandra Kelly (AL); Evelyn Rice (AR); Dennis Kaplan (OH); Lubertha Powell (GA); Flora McGilvery (MS); Alphonse Borkowski (NY); Joseph Caccio (NY); John Duffy (NY); Gerald Nelson (NY); Gary Burnett (NC); Miranda Dudley (NC); Eric Erwin (TX); Samuel Cisneros (TX); Jynona Gail Lee (TX)
Mylan ⁴ , Teva	MYLTEVEW1	All individuals in Alaska; California; Delaware; D.C.; Florida; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Maine; Massachusetts; Minnesota; Missouri; New Jersey; New Mexico; Oklahoma; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; Washington; West Virginia; and Wyoming, who, since at least January 1, 2012, and through the date of final	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents;	Marzanna Glab (NJ); James Lawson (NJ); James Childs (NJ); Mary McLean (VA); Jay Meader (CA); Mark Hays (CA); Glenda Cooper (KY); Robin Roberts (VA)

⁴ Mylan is defined to include the following Defendant entities as set forth in the Third Amended Master Economic Loss Complaint (Dkt. No. 1708): Mylan Laboratories, Ltd.; Mylan N.V.; and Mylan Pharmaceuticals, Inc.

Class Definitions and Exclusions Table

		recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	
Mylan, Teva	MYLTEVIEW2	All individuals in Alabama; Arkansas; Georgia; Mississippi; Montana; Nebraska; Nevada; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oregon; Tennessee; Texas; Utah; Vermont; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Id.	Asha Lamy (AL); Lawrence Edwards (GA); Joseph Cacaccio (NY); Gerald Nelson (NY); Eric Erwin (TX); Brittney Means (TX)
Hetero ⁵	HETEW1	All individuals in Alaska; California; Delaware; D.C.; Florida; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Maine; Massachusetts; Minnesota; Missouri; New Jersey; New	Any judge or magistrate presiding over this action, and members of their families;	Veronica Longwell (MA); James Childs (NJ); Mark Hays (CA); Leland Gildner (IN)

⁵ Hetero is defined to include the following Defendant entities as set forth in the Third Amended Master Economic Loss Complaint (Dkt. No. 1708): Hetero Labs, Ltd.; Hetero Drugs, Limited; Hetero USA Inc.; and, Camber Pharmaceuticals, Inc.

Class Definitions and Exclusions Table

		Mexico; Oklahoma; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; Washington; West Virginia; and Wyoming, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).	Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	
Hetero	HETEW2	All individuals in Connecticut, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).	Id.	Peter O'Brien (CT)
Aurobindo ⁶	AUREW1	All individuals in Alaska; California; Delaware; D.C.; Florida; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Maine; Massachusetts; Minnesota; Missouri; New Jersey; New Mexico; Oklahoma; Pennsylvania;	Any judge or magistrate presiding over this action, and members of their families;	Marlin Anderson (IL); Joseph Kessinger (KS); Linda Crocker (ME); Veronica Longwell (MA); Marzanna Glab (NJ); Antoinette Sims (NJ); James Lawson (NJ); James Childs (NJ); Mark Hays

⁶ Aurobindo is defined to include the following Defendant entities as set forth in the Third Amended Master Economic Loss Complaint (Dkt. No. 1708): Aurobindo Pharma, Ltd.; Aurobindo Pharma USA, Inc.; Aurolife Pharma, LLC

Class Definitions and Exclusions Table

		Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; Washington; West Virginia; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	(CA); Merilyn Andre (CA); Elenora Deutemberg/Feijoo (FL)
Aurobindo	AUREW2	All individuals in Alabama; Arkansas; Georgia; Mississippi; Montana; Nebraska; Nevada; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oregon; Tennessee; Texas; Utah; Vermont; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Id.	Evelyn Rice (AR); Dennis Kaplan (OH); Lawrence Edwards (GA); Jennifer Johnson (MN); Joseph Cacaccio (NY); Gerald Nelson (NY); Eric Erwin (TX)

Class Definitions and Exclusions Table

Class Definitions and Exclusions Table

Manufacturer Defendants Implied Warranty Claim:

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
ZHP, Torrent, Teva	ZHPTORTEVIW1	All individuals in Alaska; California; Colorado; Delaware; D.C.; Hawaii; Indiana; Maine; Massachusetts; Minnesota; Missouri; New Jersey; New Mexico; Oklahoma; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Charlie Johnston (CA); Jennifer Johnson (MN); James Childs (NJ); Radhakrishna Shetty (NJ); Billy Joe Bruner (NM); Lawrence Semmel (PA); Brian Wineinger (IN); Raleigh Wolfe (IN); Mary McLean (VA)
ZHP, Torrent, Teva	ZHPTORTEVIW2	All individuals in Arkansas; Georgia; Maryland; Michigan; Mississippi; Montana; Nebraska; Nevada; New Hampshire; North Dakota; Texas; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by	Id.	Evelyn Rice (AR); Lubertha Powell (GA); Flora McGilvery (MS); Eric Erwin (TX); Cheryl Mullins (VA); Jynona Gail Lee (TX); Samuel Cisneros (TX)

Class Definitions and Exclusions Table

		the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).		
ZHP, Torrent, Teva	ZHPTORTEVIW3	All individuals in Arizona; Connecticut; Florida; Idaho; Illinois; Iowa; Kansas; Kentucky; New York; North Carolina; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Id.	Ron Molinaro (FL); Elenora Deutenberg/Feijoo (FL); Georgia Fatigato (IL); Marlin Anderson (IL); Alphonse Borkowski (NY); Joseph Cacaccio (NY); John Duffy (NY); Gerald Nelson (NY); Gary Burnett (NC); Miranda Dudley (NC)
ZHP, Torrent, Teva	ZHPTORTEVIW4	All individuals in Alabama; Ohio; Oregon; Tennessee; Utah; and Vermont, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Id.	Sandra Kelly (AL); Dennis Kaplan (OH)

Class Definitions and Exclusions Table

ZHP, Torrent, Teva	ZHPTORTEVIW5	All individuals in Louisiana, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Id.	Talsie Neal (LA)
Mylan, Teva	MYLTEVIW1	All individuals in Alaska; California; Colorado; Delaware; D.C.; Hawaii; Indiana; Maine; Massachusetts; Minnesota; Missouri; New Jersey; New Mexico; Oklahoma; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Jay Meader (CA); Mark Hays (CA); Marzanna Glab (NJ); James Lawson (NJ); James Childs (NJ); Robin Roberts (VA)
Mylan, Teva	MYLTEVIW2	All individuals in Arkansas; Georgia; Maryland; Michigan; Mississippi; Montana; Nebraska; Nevada; New	Id.	Lawrence Edwards (GA); Mary McLean (VA); Eric

Class Definitions and Exclusions Table

		Hampshire; North Dakota; Texas; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).		Erwin (TX); Brittney Means (TX)
Mylan, Teva	MYLTEVIW3	All individuals in Arizona; Connecticut; Florida; Idaho; Illinois; Iowa; Kansas; Kentucky; New York; North Carolina; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Id.	Joseph Caccio (NY); Gerald Nelson (NY)
Mylan, Teva	MYLTEVEW4	All individuals in Alabama; Ohio; Oregon; Tennessee; Utah; and Vermont, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal	Id.	Asha Lamy (AL)

Class Definitions and Exclusions Table

		or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).		
Hetero	HETIW1	All individuals in Alaska; California; Colorado; Delaware; D.C.; Hawaii; Indiana; Maine; Massachusetts; Minnesota; Missouri; New Jersey; New Mexico; Oklahoma; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; and West Virginia, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Mark Hays (CA); James Childs (NJ); Leland Gildner (IN); Veronica Longwell (MA)
Hetero	HETIW2	All individuals in Arizona; Connecticut; Florida; Idaho; Illinois; Iowa; Kansas; Kentucky; New York; North Carolina; Washington, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household	Id.	Peter O'Brien (CT)

Class Definitions and Exclusions Table

		use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).		
Aurobindo	AURIW1	All individuals in Alaska; California; Colorado; Delaware; D.C.; Hawaii; Indiana; Maine; Massachusetts; Minnesota; Missouri; New Jersey; New Mexico; Oklahoma; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Virginia; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Mark Hays (CA); Merilyn Andre (CA); Marzanna Glab (NJ); Antoinette Sims (NJ); James Lawson (NJ); James Childs (NJ); Linda Crocker (ME); Veronica Longwell (MA);
Aurobindo	AURIW2	All individuals in Arkansas; Georgia; Maryland; Michigan; Mississippi; Montana; Nebraska; Nevada; New Hampshire; North Dakota; Texas; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was	Id.	Evelyn Rice (AR); Lawrence Edwards (GA); Jennifer Johnson (MN); Eric Erwin (TX)

Class Definitions and Exclusions Table

		manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).		
Aurobindo	AURIW3	All individuals in Arizona; Connecticut; Florida; Idaho; Illinois; Iowa; Kansas; Kentucky; New York; North Carolina; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Id.	Elenora Deutenberg/Feijoo (FL); Marlin Anderson (IL); Joseph Caccio (NY); Gerald Nelson (NY);
Aurobindo	AURIW4	All individuals in Alabama; Ohio; Oregon; Tennessee; Utah; and Vermont, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Id.	Dennis Kaplan (OH)
Aurobindo	AURIW5	All individuals in Louisiana, who, since at least January 1, 2012, and through the date of final recall (as of	Id.	Sandy Bell (LA)

Class Definitions and Exclusions Table

		November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).		
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Class Definitions and Exclusions Table

Manufacturer Defendants Common Law Fraud Claim:

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
ZHP, Torrent, Teva	ZHPTORTEVFR1	All individuals in Alaska; California; Connecticut; Delaware; Georgia; Indiana; Kansas; Kentucky; Maine; Maryland; Massachusetts; Michigan; Nebraska; New Hampshire; New Mexico; North Carolina; Ohio; Pennsylvania; South Carolina; South Dakota; Texas; Utah; West Virginia; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Charlie Johnston (CA); Lubertha Powell (GA); Brian Wineinger (IN); Raleigh Wolfe (IN); Glenda Cooper (KY); Billy Joe Bruner (NM); Dennis Kaplan (OH); Lawrence Semmel (PA); Eric Erwin (TX); Jynona Gail Lee (TX); Samuel Cisneros (TX); Gary Burnett (NC); Miranda Dudley (NC)
ZHP, Torrent, Teva	ZHPTORTEVFR2	All individuals in Alabama; Arizona; Arkansas; Hawaii; Idaho; Illinois; Minnesota; Mississippi; Missouri; Montana; Nevada; Oregon; and Tennessee, who, since at least	Id.	Sandra Kelly (AL); Evelyn Rice (AR); Georgia Fatigato (IL); Marlin Anderson (IL); Jennifer Johnson (MN); Flora McGilvery (MS)

Class Definitions and Exclusions Table

		January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).		
ZHP, Torrent, Teva	ZHPTORTEVFR3	All individuals in Colorado; D.C.; Florida; Iowa; Louisiana; New Jersey; New York; North Dakota; Oklahoma; Rhode Island; Vermont; Virginia; Washington; Wyoming; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Id.	Ron Molinaro (FL); Talsie Neal (LA); James Childs (NJ); Radhakrishna Shetty (NJ); Alphonse Borkowski (NY); Joseph Caccio (NY); John Duffy (NY); Gerald Nelson (NY); Cheryl Mullins (VA); Mary McLean (VA)

Class Definitions and Exclusions Table

Mylan, Teva	MYLTEVFR1	All individuals in Alaska; California; Connecticut; Delaware; Georgia; Indiana; Kansas; Kentucky; Maine; Maryland; Massachusetts; Michigan; Nebraska; New Hampshire; New Mexico; North Carolina; Ohio; Pennsylvania; South Carolina; South Dakota; Texas; Utah; West Virginia; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Jay Meader (CA); Mark Hays (CA); Lawrence Edwards (GA); Glenda Cooper (KY); Eric Erwin (TX); Brittney Means (TX)
Mylan, Teva	MYLTEVFR2	All individuals in Alabama; Arizona; Arkansas; Hawaii; Idaho; Illinois; Minnesota; Mississippi; Missouri; Montana; Nevada; Oregon; and Tennessee, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any	Id.	Asha Lamy (AL)

Class Definitions and Exclusions Table

		amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).		
Mylan, Teva	MYLTEVFR3	All individuals in Colorado; D.C.; Florida; Iowa; Louisiana; New Jersey; New York; North Dakota; Oklahoma; Rhode Island; Vermont; Virginia; Washington; Wyoming; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Id.	Marzanna Glab (NJ); James Lawson (NJ); James Childs (NJ); Joseph Caccio (NY); Gerald Nelson (NY); Mary McLean (VA); Robin Roberts (VA)
Hetero	HETFR1	All individuals in Alaska; California; Connecticut; Delaware; Georgia; Indiana; Kansas; Kentucky; Maine; Maryland; Massachusetts;	Any judge or magistrate presiding over this action, and members of their families;	Mark Hays (CA); Peter O'Brien (CT); Leland Gildner (IN); Veronica Longwell (MA)

Class Definitions and Exclusions Table

		<p>Michigan; Nebraska; New Hampshire; New Mexico; North Carolina; Ohio; Pennsylvania; South Carolina; South Dakota; Texas; Utah; West Virginia; and Wisconsin, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).</p>	<p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors; and,</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Hetero	HETFR2	<p>All individuals in Colorado; D.C.; Florida; Iowa; Louisiana; New Jersey; New York; North Dakota; Oklahoma; Rhode Island; Vermont; Virginia; Washington; Wyoming; and Puerto Rico, who, since at least May 1, 2018, and to the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero</p>	<p>Id.</p>	James Childs (NJ)

Class Definitions and Exclusions Table

		Defendants (limited to VCDs manufactured using Hetero Defendants' API).		
Aurobindo	AURFR1	All individuals in Alaska; California; Connecticut; Delaware; Georgia; Indiana; Kansas; Kentucky; Maine; Maryland; Massachusetts; Michigan; Nebraska; New Hampshire; New Mexico; North Carolina; Ohio; Pennsylvania; South Carolina; South Dakota; Texas; Utah; West Virginia; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Mark Hays (CA); Merilyn Andre (CA); Lawrence Edwards (GA); Joseph Kessinger (KS); Dennis Kaplan (OH); Eric Erwin (TX); Veronica Longwell (MA); Linda Crocker (ME);
Aurobindo	AURFR2	All individuals in Alabama; Arizona; Arkansas; Hawaii; Idaho; Illinois; Minnesota; Mississippi; Missouri; Montana; Nevada; Oregon; Tennessee, who, since at least January 1, 2012, and through	Id.	Evelyn Rice (AR); Marlin Anderson (IL); Jennifer Johnson (MN);

Class Definitions and Exclusions Table

		the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).		
Aurobindo	AURFR3	All individuals in Colorado; D.C.; Florida; Iowa; Louisiana; New Jersey; New York; North Dakota; Oklahoma; Rhode Island; Vermont; Virginia; Washington; Wyoming; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Id.	Elenora Deutenberg/Feijoo (FL); Sandy Bell (LA); Marzanna Glab (NJ); Antoinette Sims (NJ); James Lawson (NJ); Joseph Cacaccio (NY); Gerald Nelson (NY)

Class Definitions and Exclusions Table

Manufacturer Defendants Consumer Protection Act Claim

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
ZHP, Torrent, Teva	ZHPTORTEVCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Charlie Johnston (CA); Ron Molinaro (FL); Elenora Deutenberg/Feijoo (FL); Marlin Anderson (IL); Georgia Fatigato (IL); Talsie Neal (LA); Alphonse Borkowski (NY); Joseph Caccio (NY); John Duffy (NY); Gerald Nelson (NY); Gary Burnett (NC); Miranda Dudley (NC); Dennis Kaplan (OH); Lawrence Semmel (PA)

Class Definitions and Exclusions Table

		VCDs manufactured using ZHP Defendants' API).		
ZHP, Torrent, Teva	ZHPTORTEVCPA2	All individuals in Delaware; Kansas; Minnesota; New Jersey; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Id.	Jennifer Johnson (MN); James Childs (NJ); Radhakrishna Shetty (NJ)
ZHP, Torrent, Teva	ZHPTORTEVCPA3	All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use)	Id.	Sandra Kelly (AL); Lubertha Powell (GA); Flora McGilvery (MS); Eric Erwin (TX); Brittney Means (TX); Samuel Cisneros (TX); Jynona Gail Lee (TX)

Class Definitions and Exclusions Table

		that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).		
ZHP, Torrent, Teva	ZHPTORTEVCPA4	All individuals in Arkansas; Colorado; Kentucky; Nevada; New Mexico; South Dakota; Utah; and Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).	Id.	Evelyn Rice (AR); Glenda Cooper (KY); Billy Joe Bruner (NM); Lawrence Semmel (PA); Cheryl Mullins (VA); Robin Roberts (VA); Mary McLean (VA)
ZHP, Torrent, Teva	ZHPTORTEVCPA5	All individuals in Indiana; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid	Id.	Brian Wineinger (IN); Raleigh Wolfe (IN)

Class Definitions and Exclusions Table

		any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the ZHP Defendants, Torrent Defendants, and/or Teva Defendants (limited to VCDs manufactured using ZHP Defendants' API).		
Mylan, Teva	MYLTEVCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; West Virginia;, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Jay Meader (CA); Mark Hays (CA); Peter O'Brien (CT); Joseph Caccio (NY); Gerald Nelson (NY)

Class Definitions and Exclusions Table

		drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).		
Mylan, Teva	MYLTEVCPA2	All individuals in Delaware; Kansas; Minnesota; New Jersey; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Id.	Marzanna Glab (NJ); James Lawson (NJ); James Childs (NJ);
Mylan, Teva	MYLTEVCPA3	All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January	Id.	Asha Lamy (AL); Lawrence Edwards (GA); Eric Erwin (TX); Brittney Means (TX);

Class Definitions and Exclusions Table

		1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).		
Mylan, Teva	MYLTEVCPA4	All individuals in Arkansas; Colorado; Kentucky; Nevada; New Mexico; South Dakota; Utah; and Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured	Id.	Glenda Cooper (KY); Mary McLean (VA); Robin Roberts (VA);

Class Definitions and Exclusions Table

		using Mylan Defendants' API).		
Mylan, Teva	MYLTEVCPA5	All individuals in Indiana; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Mylan Defendants and/or Teva Defendants (limited to VCDs manufactured using Mylan Defendants' API).	Id.	Leland Gildner (IN)
Hetero	HETCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee;	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; and, All persons who properly execute and file a timely request	Mark Hays (CA); Peter O'Brien (CT);

Class Definitions and Exclusions Table

		Vermont; Washington; and West Virginia, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).	for exclusion from any Court-approved class.	
Hetero	HETCPA2	All individuals in Delaware; Kansas; Minnesota; New Jersey; and Wisconsin, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).	Id.	James Childs (NJ)

Class Definitions and Exclusions Table

Hetero	HETCPA3	All individuals in Indiana; and Wyoming, who, since at least May 1, 2018, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Hetero Defendants (limited to VCDs manufactured using Hetero Defendants' API).	Id.	Leland Gildner (IN)
Aurobindo	AURCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors; and,</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	<p>Mark Hays (CA); Merilyn Andre (CA); Elenora Deutenberg/Feijoo (FL); Marlin Anderson (IL); Sandy Bell (LA); Joseph Caccio (NY); Gerald Nelson (NY); Dennis Kaplan (OH)</p>

Class Definitions and Exclusions Table

		of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).		
Aurobindo	AURCPA2	All individuals in Delaware; Kansas; Minnesota; New Jersey; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Id.	Joseph Kessinger (KS); Jennifer Johnson (MN); Marzanna Glab (NJ); Antoinette Sims (NJ); James Lawson (NJ); James Childs (NJ)

Class Definitions and Exclusions Table

Aurobindo	AURCPA3	All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).	Id.	Lawrence Edwards (GA); Linda Crocker (ME); Veronica Longwell (MA); Eric Erwin (TX)
Aurobindo	AURCPA4	All individuals in Arkansas; Colorado; Kentucky; Nevada; New Mexico; South Dakota; Utah; and Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was manufactured,	Id.	Evelyn Rice (AR)

Class Definitions and Exclusions Table

	distributed, or sold by the Aurobindo Defendants (limited to VCDs manufactured using Aurobindo Defendants' API).		
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Class Definitions and Exclusions Table

RETAIL PHARMACY DEFENDANTS

Retail Pharmacy Defendants Implied Warranty Claim:

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
Walgreens	WALIW1	All individuals in Alaska; Colorado; Delaware; Indiana; Oklahoma; and Rhode Island, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walgreens Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Walgreens prior to May 1, 2018; All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Raleigh Wolfe (IN)
Walmart	WMTIW1	All individuals in Alaska; Colorado; Delaware; Indiana; Oklahoma; and Rhode Island, who, since	Any judge or magistrate presiding over this action, and members of their families;	Brian Wineinger (IN)

Class Definitions and Exclusions Table

		<p>at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's Club locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Walmart (including Sam's Club locations) prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Kroger	KROIW1	<p>All individuals in Alaska; Colorado; Delaware; Indiana; Oklahoma; and Rhode Island, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug</p>	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p>	Leland Gildner (IN)

Class Definitions and Exclusions Table

		(intended for personal or household use) that was dispensed by Defendant The Kroger, Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Kroger prior to May 1, 2018; All persons who properly execute and file a timely request for exclusion from any Court-approved class.	
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Class Definitions and Exclusions Table

Retail Pharmacy Defendants' Consumer Protection Claim:

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
CVS Consumer Protection Act State Grouping No. 1	CVSCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant CVS Pharmacy, Inc. (including Target locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by CVS prior to May 1, 2018; All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Jay Meader (CA); Mark Hays (CA); Peter O'Brien (CT); Ron Molinaro (FL); Elenora Deutenberg/Feijoo (FL); Marlin Anderson (IL); Sandy Bell (LA); Lawrence Semmel (PA)
CVS Consumer Protection Act State	CVSCPA2	All individuals in Delaware; Kansas; Minnesota; New Jersey; and Wisconsin, who, since at least January 1, 2012, and	Id.	Marzanna Glab (NJ); James Lawson (NJ)

Class Definitions and Exclusions Table

Grouping No. 2		through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant CVS Pharmacy, Inc. (including Target locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.		
CVS Consumer Protection Act State Grouping No. 3	CVSCPA3	All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant CVS Pharmacy, Inc. (including Target locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Lawrence Edwards (GA); Veronica Longwell (MA); Brittney Means (TX)
Walgreens Consumer Protection Act State Grouping No. 1	WALCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents;	Elenora Deutenberg/Feijoo (FL); Georgia Fatigato (IL); John Duffy (NY)

Class Definitions and Exclusions Table

		<p>Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walgreens Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Walgreens prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Walgreens Consumer Protection Act State Grouping No. 2	WALCPA2	<p>All individuals in Delaware; Kansas; Minnesota; New Jersey; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walgreens Co., and manufactured, distributed, or</p>	<p><i>Id.</i></p>	Radhakrishna Shetty (NJ)

Class Definitions and Exclusions Table

		sold by any of the Manufacturer Defendants.		
Walgreens Consumer Protection Act State Grouping No. 3	WALCPA3	All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walgreens Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Lubertha Powell (GA); Eric Erwin (TX); Brittney Means (TX)
Rite-Aid Consumer Protection Act State Grouping No. 1	RITCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; Individuals whose only valsartan-containing drug purchases (intended for personal or household use),	Alphonse Borkowski (NY); Joseph Cacaccio (NY); Gerald Nelson (NY); Dennis Kaplan (OH)

Class Definitions and Exclusions Table

		amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Rite-Aid Corporation, and manufactured, distributed, or sold by any of the Manufacturer Defendants.	who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Rite-Aid prior to May 1, 2018; All persons who properly execute and file a timely request for exclusion from any Court-approved class.	
Rite-Aid Consumer Protection Act State Grouping No. 2	RITCPA2	All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Rite-Aid Corporation, and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Lawrence Edwards (GA)
Walmart Consumer Protection Act State Grouping No. 1	WMTCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon;	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents;	Talsie Neal (LA); Gary Burnett (NC)

Class Definitions and Exclusions Table

		<p>Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's Club locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Walmart (including Sam's Club locations) prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Walmart Consumer Protection Act State Grouping No. 2	WMTCPA2	<p>All individuals in Delaware; Kansas; Minnesota; New Jersey; and Wisconsin, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's</p>	<p>Id.</p>	Jennifer Johnson (MN)

Class Definitions and Exclusions Table

		Club locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.		
Walmart Consumer Protection Act State Grouping No. 3	WMTCPA3	All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's Club locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Flora McGilvery (MS); Jynona Gail Lee (TX); Samuel Cisneros (TX)
Express Scripts Consumer Protection Act State Grouping No. 1	ESICPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors;	Mark Hays (CA); Merilyn Andre (CA)

Class Definitions and Exclusions Table

		<p>January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Express Scripts, Inc., and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Express Scripts prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Kroger Consumer Protection Act State Grouping No. 1	KROCPA1	<p>All individuals in Alabama; Georgia; Maine; Massachusetts; Mississippi; and Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant The Kroger, Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this</p>	Asha Lamy (AL)

Class Definitions and Exclusions Table

			<p>Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Kroger prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
OptumRx Consumer Protection Act State Grouping No. 1	OPTCPA1	<p>All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant OptumRx, and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by OptumRx prior to May 1, 2018;</p>	Charlie Johnston (CA)

Class Definitions and Exclusions Table

			All persons who properly execute and file a timely request for exclusion from any Court-approved class.	
Albertson's Consumer Protection Act State Grouping No. 1	ALBCPA1	All individuals in Alaska; Arizona; California (§ 17200 UCL only); Connecticut; D.C.; Florida; Hawaii; Idaho; Illinois; Louisiana; Maryland; Missouri; Montana; Nebraska; New Hampshire; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; South Carolina; Tennessee; Vermont; Washington; and West Virginia, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Albertson's LLC (including Sav-On), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Albertson's (including Sav-On) prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	Merilyn Andre (CA)

Class Definitions and Exclusions Table

Retail Pharmacy Defendants' Unjust Enrichment Claim:

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
CVS Unjust Enrichment Grouping No. 1	CVSUE1	All individuals in Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant CVS Pharmacy, Inc. (including Target locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by CVS prior to May 1, 2018; All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Brittney Means (TX)
CVS Unjust Enrichment Grouping No. 2	CVSUE2	All individuals in Arizona; Arkansas; Connecticut; Maryland; Minnesota; Rhode Island; Vermont; and Wyoming,	Id.	Peter O'Brien (CT)

Class Definitions and Exclusions Table

		who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant CVS Pharmacy, Inc. (including Target locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.		
CVS Unjust Enrichment Grouping No. 3	CVSUE3	All individuals in Alaska; Delaware; Florida; Georgia; Idaho; Nebraska; New Jersey; North Dakota; Ohio; Pennsylvania; Virginia; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant CVS Pharmacy, Inc. (including Target locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Marzanna Glab (NJ); James Lawson (NJ); Ronald Molinaro (FL); Larry Semmel (PA); Lawrence Edwards (GA); Fernando Feijoo (son of Elenora Deutenberg) (FL)
CVS Unjust Enrichment	CVSUE4	All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas;	Id.	Marlin Anderson (IL); Sandy Bell (LA); Mark Hays (CA); Joseph Kessinger (KS); Jay

Class Definitions and Exclusions Table

Grouping No. 4		Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and, Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant CVS Pharmacy, Inc. (including Target locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.		Meader (CA); Veronica Longwell (MA)
Walgreens Unjust Enrichment Grouping No. 1	WALUE1	All individuals in Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walgreens Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; Individuals whose only valsartan-containing drug	Eric Erwin (TX); Brittney Means (TX)

Class Definitions and Exclusions Table

			<p>purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Walgreens prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Walgreens Unjust Enrichment Grouping No. 2	WALUE2	All individuals in Alaska; Delaware; Florida; Georgia; Idaho; Nebraska; New Jersey; North Dakota; Ohio; Pennsylvania; Virginia; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walgreens Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Lubertha Powell (GA); Fernando Feijoo (son of Elenora Deutenberg) (FL); Robin Roberts (VA); Radhakrishna Shetty (NJ)
Walgreens Unjust	WALUE3	All individuals in California; Colorado; D.C.; Hawaii; Illinois;	Id.	Marlin Anderson (IL); Billy Joe Bruner (NM); John Duffy (NY);

Class Definitions and Exclusions Table

Enrichment Grouping No. 3		Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walgreens Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.		Georgia Fatigato (IL); Raleigh Wolfe (IN)
Rite-Aid Unjust Enrichment Grouping No. 1	RITUE1	All individuals in Alaska; Delaware; Florida; Georgia; Idaho; Nebraska; New Jersey; North Dakota; Ohio; Pennsylvania; Virginia; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors;	Dennis Kaplan (OH); Lawrence Edwards (GA)

Class Definitions and Exclusions Table

		<p>dispensed by Defendant Rite-Aid Corporation, and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Rite-Aid prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Rite-Aid Unjust Enrichment Grouping No. 2	RITUE2	<p>All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Rite-Aid Corporation, and</p>	<p>Id.</p>	<p>Alphonse Borkowski (NY); Joseph Caccacio (NY); Gerald Nelson (NY)</p>

Class Definitions and Exclusions Table

		manufactured, distributed, or sold by any of the Manufacturer Defendants.		
Walmart Unjust Enrichment Grouping No. 1	WMTUE1	All individuals in Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's Club locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Walmart (including Sam's Club locations) prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	Samuel Cisneros (TX); Jyona Gail Lee (TX);

Class Definitions and Exclusions Table

Walmart Unjust Enrichment Grouping No. 2	WMTUE2	All individuals in Arizona; Arkansas; Connecticut; Maryland; Minnesota; Rhode Island; Vermont; Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's Club locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Jennifer Johnson (MN)
Walmart Unjust Enrichment Grouping No. 3	WMTUE3	All individuals in Alaska; Delaware; Florida; Georgia; Idaho; Nebraska; New Jersey; North Dakota; Ohio; Pennsylvania; Virginia; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's Club locations), and	Id.	Robin Roberts (VA)

Class Definitions and Exclusions Table

		manufactured, distributed, or sold by any of the Manufacturer Defendants.		
Walmart Unjust Enrichment Grouping No. 4	WMTUE4	All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Walmart Stores, Inc. (including Sam's Club locations), and manufactured, distributed, or sold by any of the Manufacturer Defendants.	Id.	Gary Burnett (NC); Flora McGilvery (MS); Talsie Neal (LA); Brian Wineinger (IN)
Express Scripts Unjust Enrichment Grouping No. 1	ESIUE1	All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina;	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents;	Merilyn Andre (CA); Mark Hays (CA); Veronica Longwell (MA)

Class Definitions and Exclusions Table

		<p>Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Express Scripts, Inc., and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Express Scripts prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Kroger Unjust Enrichment Grouping No. 1	KROUE1	<p>All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of</p>	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p>	Merilyn Andre (CA); Leland Gildner (IN)

Class Definitions and Exclusions Table

		<p>final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant The Kroger, Co., and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Kroger prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Optum Rx Unjust Enrichment Grouping No. 1	OPTUE1	<p>All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant OptumRx, and manufactured,</p>	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-</p>	Charlie Johnston (CA)

Class Definitions and Exclusions Table

		<p>distributed, or sold by any of the Manufacturer Defendants.</p>	<p>containing drugs dispensed by OptumRx prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely request for exclusion from any Court-approved class.</p>	
Albertson's Unjust Enrichment Grouping No. 1	ALBUE1	<p>All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was dispensed by Defendant Albertson's LLC (including Sav-On), and manufactured, distributed, or sold by any of the Manufacturer Defendants.</p>	<p>Any judge or magistrate presiding over this action, and members of their families;</p> <p>Defendants and affiliated entities, and their employees, officers, directors, and agents;</p> <p>Defendants' legal representatives, assigns, and successors;</p> <p>Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed by Albertson's (including Sav-On) prior to May 1, 2018;</p> <p>All persons who properly execute and file a timely</p>	Merilyn Andre (CA)

Class Definitions and Exclusions Table

		request for exclusion from any Court-approved class.	
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Class Definitions and Exclusions Table

WHOLESALE DEFENDANTS

Wholesaler Defendants Unjust Enrichment Claim

Defendant(s)	Subclass Name	Definition	Exclusion(s)	Class Representative(s)
Wholesaler Defendants Unjust Enrichment State Grouping No. 1	WHUE1	All individuals in Texas, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was distributed in whole or in part by Defendants Cardinal Health, Inc., McKesson Corporation, and/or AmerisourceBergen Corporation, and manufactured in whole or in part by any of the Manufacturer Defendants.	Any judge or magistrate presiding over this action, and members of their families; Defendants and affiliated entities, and their employees, officers, directors, and agents; Defendants' legal representatives, assigns, and successors; Individuals whose only valsartan-containing drug purchases (intended for personal or household use), who would otherwise meet this Class Definition, were Hetero Defendants' valsartan-containing drugs dispensed prior to May 1, 2018; All persons who properly execute and file a timely request for exclusion from any Court-approved class.	Eric Erwin (TX); Brittney Means (TX); Jynona Gail Lee (TX); Samuel Cisneros (TX)
Wholesaler Defendants	WHUE2	All individuals in Alabama; and Montana, who, since at least	Id.	Asha Lamy (AL); Sandra Kelly (AL)

Class Definitions and Exclusions Table

Unjust Enrichment State Grouping No. 2		January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was distributed in whole or in part by Defendants Cardinal Health, Inc., McKesson Corporation, and/or AmerisourceBergen Corporation, and manufactured in whole or in part by any of the Manufacturer Defendants.		
Wholesaler Defendants Unjust Enrichment State Grouping No. 3	WHUE3	All individuals in Arizona; Arkansas; Connecticut; Maryland; Minnesota; Rhode Island; Vermont; and Wyoming, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was distributed in whole or in part by Defendants Cardinal Health, Inc., McKesson Corporation, and/or AmerisourceBergen Corporation, and manufactured in whole or in part by any of the Manufacturer Defendants.	Id.	Peter O'Brien (CT); Jennifer Johnson (MN)
Wholesaler Defendants Unjust	WHUE4	All individuals in Alaska; Delaware; Florida; Georgia; Idaho; Nebraska; New Jersey;	Id.	Ron Molinaro (FL); Elenora Deutenberg/Feijoo (FL); Lawrence Edwards (GA);

Class Definitions and Exclusions Table

Enrichment State Grouping No. 4		North Dakota; Ohio; Pennsylvania; Virginia; and Washington, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was distributed in whole or in part by Defendants Cardinal Health, Inc., McKesson Corporation, and/or AmerisourceBergen Corporation, and manufactured in whole or in part by any of the Manufacturer Defendants.		Lubertha Powell (GA); Marzanna Glab (NJ); Antoinette Sims (NJ); James Lawson (NJ); James Childs (NJ); Radhakrishna Shetty (NJ); Dennis Kaplan (OH); Lawrence Semmel (PA); Robin Roberts (VA); Mary McLean (VA); Cheryl Mullins (VA)
Wholesaler Defendants Unjust Enrichment State Grouping No. 5	WHUE5	All individuals in California; Colorado; D.C.; Hawaii; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Mississippi; Missouri; Nevada; New Mexico; New York; North Carolina; Oklahoma; Oregon; South Carolina; South Dakota; Tennessee; Utah; and Puerto Rico, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was distributed in whole or in part by	Id.	Jay Meader (CA); Mark Hays (CA); Merilyn Andre (CA); Charlie Johnston (CA); Marlin Anderson (IL); Georgia Fatigato (IL); Brian Wineinger (IN); Raleigh Wolfe (IN); Joseph Kessinger (KS); Talsie Neal (LA); Sandy Bell (LA); Linda Crocker (ME); Veronica Longwell (MA); Flora McGilvery (MS); Billy Joe Bruner (NM); Alphonse Borkowski (NY); John Duffy (NY); Gerald Nelson (NY); Joseph Caccio (NY); Gary Burnett (NC); Miranda Dudley (NC)

Class Definitions and Exclusions Table

		Defendants Cardinal Health, Inc., McKesson Corporation, and/or AmerisourceBergen Corporation, and manufactured in whole or in part by any of the Manufacturer Defendants.		
Wholesaler Defendants Unjust Enrichment State Grouping No. 6	WHUE6	All individuals in Kentucky, who, since at least January 1, 2012, and through the date of final recall (as of November 10, 2021), paid any amount of money for a valsartan-containing drug (intended for personal or household use) that was distributed in whole or in part by Defendants Cardinal Health, Inc., McKesson Corporation, and/or AmerisourceBergen Corporation, and manufactured in whole or in part by any of the Manufacturer Defendants.	Id.	Glenda Cooper (KY)

Third Party Payor Class

- a. A class of all Third-Party Payors that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in the United States for a valsartan-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by any Active Pharmaceutical Ingredient, Finished Dose or Wholesaler Defendant.

TPP Breach of Express Warranties Subclasses

- a. A breach of express warranty subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alaska, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Jersey, New Mexico, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Virginia, Washington, West Virginia, or Wyoming for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- b. A breach of express warranty subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alabama, Arkansas, Georgia, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oregon, Tennessee, Texas, Utah, Vermont, or Wisconsin for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- c. A breach of express warranty subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Connecticut for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.

Breach of Implied Warranties of Merchantability and Fitness Subclasses

- a. A breach of implied warranty subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alaska, California, Colorado, Delaware, District of Columbia, Hawaii, Indiana, Maine, Massachusetts, Minnesota, Missouri, New Jersey, New Mexico, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Virginia, or West Virginia for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.

- b. A breach of implied warranty subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Arkansas, Georgia, Maryland, Michigan, Mississippi, Montana, Nebraska, Nevada, New Hampshire, North Dakota, Texas, or Wyoming for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- c. A breach of implied warranty subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Arizona, Connecticut, Florida, Idaho, Illinois, Iowa, Kansas, Kentucky, New York, North Carolina, or Washington for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- d. A breach of implied warranty subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alabama, Ohio, Oregon, Tennessee, Utah, or Vermont for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.

Fraud Class

- a. A fraud class of all TPPs, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alaska, California, Connecticut, Delaware, Georgia, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Pennsylvania, South Carolina, South Dakota, Texas, Utah, West Virginia, or Wisconsin for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- b. A fraud class of all TPPs, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alabama, Arizona, Arkansas, Hawaii, Idaho, Illinois, Minnesota, Mississippi, Missouri, Montana, Nevada, Oregon, or Tennessee for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- c. A fraud class of all TPPs, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Colorado, District of Columbia, Florida, Iowa, Louisiana, New Jersey, New York, North Dakota, Oklahoma, Rhode Island, Vermont, Virginia, Washington, Wyoming, or Puerto Rico for a valsartan-containing drug (intended for personal or household use) that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.

Violation of State Consumer Protection Laws Subclasses

- a. A violation of state consumer protection laws subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alaska, Arizona, California, Connecticut, Florida, Hawaii, Idaho, Illinois, Louisiana, Missouri, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, or Washington that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- b. A violation of state consumer protection laws subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Delaware or Minnesota that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- c. A violation of state consumer protection laws subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Georgia, Maine, Massachusetts, Mississippi, or Texas that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.
- d. A violation of state consumer protection laws subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Arkansas, Colorado, Kentucky, New Mexico, South Dakota, or Virginia that was manufactured by any Active Pharmaceutical Ingredient or Finished Dose Manufacturer Defendant.

Unjust Enrichment Subclasses

- a. An unjust enrichment subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alabama or Montana for a valsartan-containing drug (intended for personal or household use) that was distributed or sold by any Wholesaler Defendant.
- b. An unjust enrichment subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Texas for a valsartan-containing drug (intended for personal or household use) that was distributed or sold by any Wholesaler Defendant.
- c. An unjust enrichment subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Alaska, Delaware, Florida, Georgia, Idaho, Nebraska, New Jersey, North Dakota, Ohio, Pennsylvania, Virginia, or Washington for a valsartan-containing drug (intended for personal or household use) that was distributed or sold by any Wholesaler Defendant.
- d. An unjust enrichment subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in Arizona,

Arkansas, Connecticut, Maryland, Minnesota, Rhode Island, Vermont, or Wyoming for a valsartan-containing drug (intended for personal or household use) that was distributed or sold by any Wholesaler Defendant.

- e. An unjust enrichment subclass of all TPPs that, from at least January 1, 2012 through the date of final recall as of November 10, 2021, paid any amount of money in California, Colorado, District of Columbia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts, Mississippi, Missouri, Nevada, New Mexico, New York, North Carolina, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, or Puerto Rico for a valsartan-containing drug (intended for personal or household use) that was distributed or sold by any Wholesaler Defendant.

Exclusions

Excluded from all of TPPs' proposed class definitions are the following: (a) Defendants and affiliated entities; (b) Defendants' assigns, and successors; (c) All federal and state governmental entities except for cities, towns, municipalities, or counties with self-funded prescription drug plans; (d) Pharmacy Benefit Managers ("PBMs"); (e) TPPs whose only valsartan-containing drug purchases, who would otherwise meet this Class Definition, were for Hetero Defendants' valsartan-containing drugs dispensed prior May 1, 2018; and (f) All third-party payors who properly execute and file a timely request for exclusion from any Court-approved class.

Medical Monitoring Class Definitions

Plaintiffs Berkson, Kruk, Rives, Rodich-Annese, and R. Tasker bring this action on behalf of themselves and, under Federal Rule of Civil Procedure 23(a), (b)(2), (b)(3), (g), and (c)(4), as representatives of the Medical Monitoring Independent Claim Class defined as follows:

All individuals residing in Alaska, Arizona, Colorado, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Iowa, Maine, Massachusetts, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, West Virginia, Wyoming and who consumed a sufficiently high Lifetime Cumulative Threshold of NDMA, NDEA, or other nitrosamine, in generic valsartan-containing drugs manufactured by or for Defendants and marketed in the United States and its territories and possessions, at least since January 1, 2012. This is the “Medical Monitoring Independent Claim Class.”

All Plaintiffs bring this action on behalf of themselves and, under Federal Rule of Civil Procedure 23(a), (b)(2), (g), and (c)(4), as representatives of the Medical Monitoring Remedy Class defined as follows:

All individuals residing in every state, territory, and possessions of the United States of America except Mississippi and who consumed a sufficiently high Lifetime Cumulative Threshold of NDMA, NDEA, or other nitrosamine, in generic valsartan-containing drugs manufactured by or for Defendants and marketed in the United States and its territories and possessions, at least since January 1, 2012. This is the “Medical Monitoring Remedy Class.”

For both the Medical Monitoring Independent Claim Class and Medical Monitoring Remedy Classes, the determination of whether the class member consumed a Lifetime Cumulative Threshold sufficient for class membership is based on objective and ascertainable factors.

Specifically, (A) at a dose of 320 mg, the class member needs to have taken a combination of three (3) months of ZHP API, OR 18 months of Hetero API, OR 54 months of Mylan and/or Aurobindo API; (B) at a dose of 160 mg, the class member needs to have taken a

combination of six (6) months of ZHP API, OR 32 months of Hetero API, OR 108 months of Mylan and/or Aurobindo API; (C) at a dose of 80 mg, the class member needs to have taken a combination of 12 months of ZHP API, OR 64 months of Hetero API, OR 216 months of Mylan and/or Aurobindo API; and (D) at a dose of 40 mg, the class member needs to have taken a combination of 24 months of ZHP API, OR 128 months of Hetero API, OR 432 months of Mylan and/or Aurobindo API;

The reference to combination above means that the class member need not have only taken Valsartan manufactured by only one manufacturer. For example, by way of illustration only, a class member who was prescribed 320 mg and who consumed two (2) months of ZHP APO and six (6) months of Hetero API qualifies.

Excluded from the Independent Claim and Remedy Classes, and from the other additional and alternative classes defined below, are Defendants and their subsidiaries and affiliates; all persons who make a timely election to be excluded from the Classes to the extent any class is an opt-out class or a hybrid opt-out class; governmental entities; and any judicial officers who preside over this case and their immediate family members. Also excluded from the Classes are those consumers of VCDs who have been diagnosed with cancers as a result of taking Defendants' NDMA-, NDEA-, or other nitrosamine-contaminated VCDs.

Exhibit B

NDC List of Valsartan Containing Drugs

Exhibit B
NDC List of Valsartan Drugs

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
1	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN	AUROBINDO PHARM	65862073730
2	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN	AUROBINDO PHARM	65862073830
3	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN	AUROBINDO PHARM	65862073930
4	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN	AUROBINDO PHARM	65862074030
5	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	AUROBINDO PHARM	65862083430
6	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	AUROBINDO PHARM	65862083530
7	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	AUROBINDO PHARM	65862083630
8	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	AUROBINDO PHARM	65862083730
9	Aurobindo Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	AUROBINDO PHARM	65862083830
10	Aurobindo Manufactured Drugs	VALSARTAN	ACETRIS HEALTH	52343012230
11	Aurobindo Manufactured Drugs	VALSARTAN	ACETRIS HEALTH	52343012390
12	Aurobindo Manufactured Drugs	VALSARTAN	ACETRIS HEALTH	52343012490
13	Aurobindo Manufactured Drugs	VALSARTAN	ACETRIS HEALTH	52343012590
14	Aurobindo Manufactured Drugs	VALSARTAN	AMERICAN HLTH PKG	60687013901
15	Aurobindo Manufactured Drugs	VALSARTAN	AMERICAN HLTH PKG	60687013911
16	Aurobindo Manufactured Drugs	VALSARTAN	AUROBINDO PHARM	65862057030
17	Aurobindo Manufactured Drugs	VALSARTAN	AUROBINDO PHARM	65862057190
18	Aurobindo Manufactured Drugs	VALSARTAN	AUROBINDO PHARM	65862057290
19	Aurobindo Manufactured Drugs	VALSARTAN	AUROBINDO PHARM	65862057390
20	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862054790
21	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862054799
22	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862054890
23	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862054899
24	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862054990
25	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862054999
26	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862055005
27	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862055090
28	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862055105
29	Aurobindo Manufactured Drugs	VALSARTAN-HCTZ	AUROBINDO PHARM	65862055190
30	Hetero Labs Manufactured Drugs	VALSARTAN	AVPAK	50268078315
31	Hetero Labs Manufactured Drugs	VALSARTAN	AVPAK	50268078415
32	Hetero Labs Manufactured Drugs	VALSARTAN	AVPAK	50268078515
33	Hetero Labs Manufactured Drugs	VALSARTAN	AVPAK	50268078613
34	Hetero Labs Manufactured Drugs	VALSARTAN	CAMBER PHARM	31722074530
35	Hetero Labs Manufactured Drugs	VALSARTAN	CAMBER PHARM	31722074690
36	Hetero Labs Manufactured Drugs	VALSARTAN	CAMBER PHARM	31722074790
37	Hetero Labs Manufactured Drugs	VALSARTAN	CAMBER PHARM	31722074890
38	Mylan Manufactured Drugs	AMLODIPINE VALSARTAN	MYLAN	00378172193
39	Mylan Manufactured Drugs	AMLODIPINE VALSARTAN	MYLAN	00378172293
40	Mylan Manufactured Drugs	AMLODIPINE VALSARTAN	MYLAN	00378172393
41	Mylan Manufactured Drugs	AMLODIPINE VALSARTAN	MYLAN	00378172493
42	Mylan Manufactured Drugs	VALSARTAN	MYLAN	00378580793
43	Mylan Manufactured Drugs	VALSARTAN	MYLAN	00378581377
44	Mylan Manufactured Drugs	VALSARTAN	MYLAN	00378581477
45	Mylan Manufactured Drugs	VALSARTAN	MYLAN	00378581577
46	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632105
47	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632177
48	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632205

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
49	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632277
50	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632305
51	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632377
52	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632405
53	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632477
54	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632505
55	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN	00378632577
56	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN INSTITUTION	51079019203
57	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN INSTITUTION	51079019303
58	Mylan Manufactured Drugs	VALSARTAN-HCTZ	MYLAN INSTITUTION	51079019403
59	Non-Defendant Drugs	AMLODIPINE VALSARTAN	A-S MEDICATION	50090247100
60	Non-Defendant Drugs	AMLODIPINE VALSARTAN	A-S MEDICATION	50090320900
61	Non-Defendant Drugs	AMLODIPINE VALSARTAN	A-S MEDICATION	54569668200
62	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020530
63	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020590
64	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020630
65	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020690
66	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020730
67	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020790
68	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020830
69	Non-Defendant Drugs	AMLODIPINE VALSARTAN	ALEMBIC PHARM	62332020890
70	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291002030
71	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291002130
72	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291002230
73	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291002330
74	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291012630
75	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291012730
76	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291012830
77	Non-Defendant Drugs	AMLODIPINE VALSARTAN	AV KARE INC	42291012930
78	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008003
79	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008009
80	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008103
81	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008109
82	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008203
83	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008209
84	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008303
85	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	43386008309
86	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	68180076406
87	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	68180076506
88	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	68180076606
89	Non-Defendant Drugs	AMLODIPINE VALSARTAN	LUPIN PHARMA	68180076706
90	Non-Defendant Drugs	AMLODIPINE VALSARTAN	PAR PHARM	49884057411
91	Non-Defendant Drugs	AMLODIPINE VALSARTAN	PAR PHARM	49884057511
92	Non-Defendant Drugs	AMLODIPINE VALSARTAN	PAR PHARM	49884057611
93	Non-Defendant Drugs	AMLODIPINE VALSARTAN	PAR PHARM	49884057711
94	Non-Defendant Drugs	AMLODIPINE VALSARTAN	SANDOZ	00781561531
95	Non-Defendant Drugs	AMLODIPINE VALSARTAN	SANDOZ	00781562831
96	Non-Defendant Drugs	AMLODIPINE VALSARTAN	SANDOZ	00781563931
97	Non-Defendant Drugs	AMLODIPINE VALSARTAN	SANDOZ	00781564331
98	Non-Defendant Drugs	AMLODIPINE VALSARTAN	TRIGEN LABS	13811068530
99	Non-Defendant Drugs	AMLODIPINE VALSARTAN	TRIGEN LABS	13811068630

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
100	Non-Defendant Drugs	AMLODIPINE VALSARTAN	TRIGEN LABS	13811068730
101	Non-Defendant Drugs	AMLODIPINE VALSARTAN	TRIGEN LABS	13811068830
102	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077106
103	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077109
104	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077206
105	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077209
106	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077306
107	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077309
108	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077406
109	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077409
110	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077506
111	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	LUPIN PHARMA	68180077509
112	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017209
113	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017211
114	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017309
115	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017311
116	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017409
117	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017411
118	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017509
119	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884017511
120	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884018509
121	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	PAR PHARM	49884018511
122	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	SANDOZ	00781575631
123	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	SANDOZ	00781576031
124	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	SANDOZ	00781577131
125	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	SANDOZ	00781578731
126	Non-Defendant Drugs	AMLODIPINE VALSARTAN-HCTZ	SANDOZ	00781579431
127	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090242400
128	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090242401
129	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090243300
130	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090243301
131	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090251800
132	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090251801
133	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090255000
134	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090287700
135	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090287701
136	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090310800
137	Non-Defendant Drugs	VALSARTAN	A-S MEDICATION	50090310801
138	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004430
139	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004490
140	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004571
141	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004590
142	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004671
143	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004690
144	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004771
145	Non-Defendant Drugs	VALSARTAN	ALEMBIC PHARM	62332004790
146	Non-Defendant Drugs	VALSARTAN	AMERICAN HLTH PKG	60687012801
147	Non-Defendant Drugs	VALSARTAN	AMERICAN HLTH PKG	60687012811
148	Non-Defendant Drugs	VALSARTAN	AMERICAN HLTH PKG	68084080401
149	Non-Defendant Drugs	VALSARTAN	AMERICAN HLTH PKG	68084080411
150	Non-Defendant Drugs	VALSARTAN	AMERICAN HLTH PKG	68084082201

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
151	Non-Defendant Drugs	VALSARTAN	AMERICAN HLTH PKG	68084082211
152	Non-Defendant Drugs	VALSARTAN	AMNEAL PHARM	65162083703
153	Non-Defendant Drugs	VALSARTAN	AMNEAL PHARM	65162083809
154	Non-Defendant Drugs	VALSARTAN	AMNEAL PHARM	65162083909
155	Non-Defendant Drugs	VALSARTAN	AMNEAL PHARM	65162084009
156	Non-Defendant Drugs	VALSARTAN	APHENA PHARMA SOL	43353005917
157	Non-Defendant Drugs	VALSARTAN	APHENA PHARMA SOL	43353006783
158	Non-Defendant Drugs	VALSARTAN	APHENA PHARMA SOL	43353022517
159	Non-Defendant Drugs	VALSARTAN	APHENA PHARMA SOL	43353022530
160	Non-Defendant Drugs	VALSARTAN	APHENA PHARMA SOL	43353023130
161	Non-Defendant Drugs	VALSARTAN	APHENA PHARMA SOL	43353023183
162	Non-Defendant Drugs	VALSARTAN	APHENA PHARMA SOL	43353023279
163	Non-Defendant Drugs	VALSARTAN	ASCEND LABS	67877041530
164	Non-Defendant Drugs	VALSARTAN	ASCEND LABS	67877041690
165	Non-Defendant Drugs	VALSARTAN	ASCEND LABS	67877041790
166	Non-Defendant Drugs	VALSARTAN	ASCEND LABS	67877041890
167	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291085630
168	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291085790
169	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291085890
170	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291085990
171	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291087690
172	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291087710
173	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291087790
174	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291087890
175	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291087950
176	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291087990
177	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291088090
178	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291088110
179	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291088190
180	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291088210
181	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291088290
182	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291088350
183	Non-Defendant Drugs	VALSARTAN	AV KARE INC	42291088390
184	Non-Defendant Drugs	VALSARTAN	AVPAK	50268078311
185	Non-Defendant Drugs	VALSARTAN	AVPAK	50268078511
186	Non-Defendant Drugs	VALSARTAN	AVPAK	50268078611
187	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335009704
188	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335009705
189	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335047502
190	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335048801
191	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335048802
192	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335055301
193	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335055302
194	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335055502
195	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335055503
196	Non-Defendant Drugs	VALSARTAN	BRYANT RANCH PREPK	71335060003
197	Non-Defendant Drugs	VALSARTAN	DIRECT RX, LLC	72189005030
198	Non-Defendant Drugs	VALSARTAN	JUBILANT CADISTA	59746036030
199	Non-Defendant Drugs	VALSARTAN	JUBILANT CADISTA	59746036190
200	Non-Defendant Drugs	VALSARTAN	JUBILANT CADISTA	59746036290
201	Non-Defendant Drugs	VALSARTAN	JUBILANT CADISTA	59746036390

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
202	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027601
203	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027606
204	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027703
205	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027709
206	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027803
207	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027809
208	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027902
209	Non-Defendant Drugs	VALSARTAN	LUPIN PHARMA	68180027909
210	Non-Defendant Drugs	VALSARTAN	MACLEODS PHARMA	33342006207
211	Non-Defendant Drugs	VALSARTAN	MACLEODS PHARMA	33342006310
212	Non-Defendant Drugs	VALSARTAN	MACLEODS PHARMA	33342006410
213	Non-Defendant Drugs	VALSARTAN	MACLEODS PHARMA	33342006510
214	Non-Defendant Drugs	VALSARTAN	PAR PHARM	00603634002
215	Non-Defendant Drugs	VALSARTAN	PAR PHARM	00603634102
216	Non-Defendant Drugs	VALSARTAN	PAR PHARM	00603634128
217	Non-Defendant Drugs	VALSARTAN	PAR PHARM	00603634202
218	Non-Defendant Drugs	VALSARTAN	PAR PHARM	00603634228
219	Non-Defendant Drugs	VALSARTAN	PAR PHARM	00603634302
220	Non-Defendant Drugs	VALSARTAN	PAR PHARM	00603634328
221	Non-Defendant Drugs	VALSARTAN	PREFERRED PHARMA	68788681403
222	Non-Defendant Drugs	VALSARTAN	PREFERRED PHARMA	68788681406
223	Non-Defendant Drugs	VALSARTAN	PREFERRED PHARMA	68788688203
224	Non-Defendant Drugs	VALSARTAN	PREFERRED PHARMA	68788688209
225	Non-Defendant Drugs	VALSARTAN	PROFICIENT RX	71205030190
226	Non-Defendant Drugs	VALSARTAN	QUALITY CARE PRODS	55700034630
227	Non-Defendant Drugs	VALSARTAN	QUALITY CARE PRODS	55700034730
228	Non-Defendant Drugs	VALSARTAN	SANDOZ	00781560731
229	Non-Defendant Drugs	VALSARTAN	SANDOZ	00781560892
230	Non-Defendant Drugs	VALSARTAN	SANDOZ	00781561892
231	Non-Defendant Drugs	VALSARTAN	SANDOZ	00781561992
232	Non-Defendant Drugs	VALSARTAN	SUN PHARMACEUTICAL	51660014030
233	Non-Defendant Drugs	VALSARTAN	SUN PHARMACEUTICAL	51660014190
234	Non-Defendant Drugs	VALSARTAN	SUN PHARMACEUTICAL	51660014290
235	Non-Defendant Drugs	VALSARTAN	SUN PHARMACEUTICAL	51660014390
236	Non-Defendant Drugs	VALSARTAN	UNICHEM PHARM USA	29300023213
237	Non-Defendant Drugs	VALSARTAN	UNICHEM PHARM USA	29300023319
238	Non-Defendant Drugs	VALSARTAN	UNICHEM PHARM USA	29300023419
239	Non-Defendant Drugs	VALSARTAN	UNICHEM PHARM USA	29300023519
240	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	50090141200
241	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	50090142000
242	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	50090142200
243	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	50090264000
244	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	50090329200
245	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	54569648500
246	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	54569648600
247	Non-Defendant Drugs	VALSARTAN-HCTZ	A-S MEDICATION	54569648700
248	Non-Defendant Drugs	VALSARTAN-HCTZ	AIDAREX PHARM	53217011400
249	Non-Defendant Drugs	VALSARTAN-HCTZ	AIDAREX PHARM	53217011460
250	Non-Defendant Drugs	VALSARTAN-HCTZ	AIDAREX PHARM	53217011490
251	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332007971
252	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332007990

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
253	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008071
254	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008090
255	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008171
256	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008190
257	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008271
258	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008290
259	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008371
260	Non-Defendant Drugs	VALSARTAN-HCTZ	ALEMBIC PHARM	62332008390
261	Non-Defendant Drugs	VALSARTAN-HCTZ	AMERICAN HLTH PKG	68084081725
262	Non-Defendant Drugs	VALSARTAN-HCTZ	AMERICAN HLTH PKG	68084083425
263	Non-Defendant Drugs	VALSARTAN-HCTZ	AMERICAN HLTH PKG	68084092611
264	Non-Defendant Drugs	VALSARTAN-HCTZ	AMERICAN HLTH PKG	68084092621
265	Non-Defendant Drugs	VALSARTAN-HCTZ	APHENA PHARMA SOL	71610032760
266	Non-Defendant Drugs	VALSARTAN-HCTZ	APOTEX CORP	60505380609
267	Non-Defendant Drugs	VALSARTAN-HCTZ	APOTEX CORP	60505380709
268	Non-Defendant Drugs	VALSARTAN-HCTZ	APOTEX CORP	60505380809
269	Non-Defendant Drugs	VALSARTAN-HCTZ	APOTEX CORP	60505380909
270	Non-Defendant Drugs	VALSARTAN-HCTZ	APOTEX CORP	60505381009
271	Non-Defendant Drugs	VALSARTAN-HCTZ	AVPAK	50268079015
272	Non-Defendant Drugs	VALSARTAN-HCTZ	AVPAK	50268079111
273	Non-Defendant Drugs	VALSARTAN-HCTZ	AVPAK	50268079115
274	Non-Defendant Drugs	VALSARTAN-HCTZ	AVPAK	50268079211
275	Non-Defendant Drugs	VALSARTAN-HCTZ	AVPAK	50268079215
276	Non-Defendant Drugs	VALSARTAN-HCTZ	AVPAK	50268079315
277	Non-Defendant Drugs	VALSARTAN-HCTZ	AVPAK	50268079415
278	Non-Defendant Drugs	VALSARTAN-HCTZ	BRYANT RANCH PREPK	71335022702
279	Non-Defendant Drugs	VALSARTAN-HCTZ	BRYANT RANCH PREPK	71335054702
280	Non-Defendant Drugs	VALSARTAN-HCTZ	DIRECT RX, LLC	61919063430
281	Non-Defendant Drugs	VALSARTAN-HCTZ	DIRECT RX, LLC	61919063490
282	Non-Defendant Drugs	VALSARTAN-HCTZ	DIRECT RX, LLC	61919076030
283	Non-Defendant Drugs	VALSARTAN-HCTZ	DIRECT RX, LLC	61919079030
284	Non-Defendant Drugs	VALSARTAN-HCTZ	DIRECT RX, LLC	61919097230
285	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609403
286	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609503
287	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609509
288	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609603
289	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609609
290	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609703
291	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609709
292	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258609803
293	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258696609
294	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258696709
295	Non-Defendant Drugs	VALSARTAN-HCTZ	DISPENSING SOLUTIO	68258696909
296	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010102
297	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010109
298	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010202
299	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010209
300	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010302
301	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010309
302	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010402
303	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010409

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
304	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010502
305	Non-Defendant Drugs	VALSARTAN-HCTZ	LUPIN PHARMA	68180010509
306	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007410
307	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007444
308	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007510
309	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007515
310	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007610
311	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007615
312	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007710
313	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007715
314	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007810
315	Non-Defendant Drugs	VALSARTAN-HCTZ	MACLEODS PHARMA	33342007815
316	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634502
317	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634528
318	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634602
319	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634628
320	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634702
321	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634728
322	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634802
323	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634828
324	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634902
325	Non-Defendant Drugs	VALSARTAN-HCTZ	PAR PHARM	00603634928
326	Non-Defendant Drugs	VALSARTAN-HCTZ	PHYSICIAN PARTNER	42254043530
327	Non-Defendant Drugs	VALSARTAN-HCTZ	PHYSICIAN PARTNER	42254043590
328	Non-Defendant Drugs	VALSARTAN-HCTZ	PREFERRED PHARMA	68788679302
329	Non-Defendant Drugs	VALSARTAN-HCTZ	PREFERRED PHARMA	68788679303
330	Non-Defendant Drugs	VALSARTAN-HCTZ	PREFERRED PHARMA	68788679308
331	Non-Defendant Drugs	VALSARTAN-HCTZ	PREFERRED PHARMA	68788679309
332	Non-Defendant Drugs	VALSARTAN-HCTZ	PREFERRED PHARMA	68788681303
333	Non-Defendant Drugs	VALSARTAN-HCTZ	PREFERRED PHARMA	68788681308
334	Non-Defendant Drugs	VALSARTAN-HCTZ	PREFERRED PHARMA	68788681309
335	Non-Defendant Drugs	VALSARTAN-HCTZ	PROFICIENT RX	63187094330
336	Non-Defendant Drugs	VALSARTAN-HCTZ	PROFICIENT RX	71205000490
337	Non-Defendant Drugs	VALSARTAN-HCTZ	PROFICIENT RX	71205001590
338	Non-Defendant Drugs	VALSARTAN-HCTZ	PROFICIENT RX	71205004290
339	Non-Defendant Drugs	VALSARTAN-HCTZ	PROFICIENT RX	71205025830
340	Non-Defendant Drugs	VALSARTAN-HCTZ	PROFICIENT RX	71205025890
341	Non-Defendant Drugs	VALSARTAN-HCTZ	QUALITY CARE PRODS	35356097630
342	Non-Defendant Drugs	VALSARTAN-HCTZ	QUALITY CARE PRODS	55700001430
343	Non-Defendant Drugs	VALSARTAN-HCTZ	QUALITY CARE PRODS	55700002330
344	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781594810
345	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781594892
346	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781594910
347	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781594964
348	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781594992
349	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595010
350	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595064
351	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595092
352	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595110
353	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595164
354	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595192

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
355	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595210
356	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595264
357	Non-Defendant Drugs	VALSARTAN-HCTZ	SANDOZ	00781595292
358	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769056
359	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769098
360	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769156
361	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769198
362	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769256
363	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769298
364	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769356
365	Teva Manufactured Drugs	AMLODIPINE VALSARTAN	TEVA PHARMACEUTICA	00093769398
366	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093703756
367	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093703798
368	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093703856
369	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093703898
370	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093780756
371	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093780798
372	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093780956
373	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093780998
374	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093781056
375	Teva Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00093781098
376	Teva Manufactured Drugs	VALSARTAN	BRYANT RANCH PREPK	71335056702
377	Teva Manufactured Drugs	VALSARTAN	MAJOR PHARM	00904659461
378	Teva Manufactured Drugs	VALSARTAN	MAJOR PHARM	00904659561
379	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00093743156
380	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00093743298
381	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00093743398
382	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00093743498
383	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591216719
384	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591216730
385	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591216810
386	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591216819
387	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591216910
388	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591216919
389	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591217005
390	Teva Manufactured Drugs	VALSARTAN	TEVA PHARMACEUTICA	00591217019
391	Teva Manufactured Drugs	VALSARTAN-HCTZ	A-S MEDICATION	54569648001
392	Teva Manufactured Drugs	VALSARTAN-HCTZ	AV KARE INC	42291088490
393	Teva Manufactured Drugs	VALSARTAN-HCTZ	AV KARE INC	42291088590
394	Teva Manufactured Drugs	VALSARTAN-HCTZ	AV KARE INC	42291088690
395	Teva Manufactured Drugs	VALSARTAN-HCTZ	AV KARE INC	42291088790
396	Teva Manufactured Drugs	VALSARTAN-HCTZ	AV KARE INC	42291088890
397	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231510
398	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231519
399	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231610
400	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231619
401	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231710
402	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231719
403	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231819
404	Teva Manufactured Drugs	VALSARTAN-HCTZ	TEVA PHARMACEUTICA	00591231919
405	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN	TORRENT PHARM	13668020430

#	ENTITY	PRODUCT NAME	MFR NAME	NDC
406	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN	TORRENT PHARM	13668020530
407	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN	TORRENT PHARM	13668020630
408	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN	TORRENT PHARM	13668020730
409	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TORRENT PHARM	13668032530
410	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TORRENT PHARM	13668032630
411	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TORRENT PHARM	13668032730
412	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TORRENT PHARM	13668032830
413	Torrent Manufactured Drugs	AMLODIPINE VALSARTAN-HCTZ	TORRENT PHARM	13668032930
414	Torrent Manufactured Drugs	VALSARTAN	TORRENT PHARM	13668006730
415	Torrent Manufactured Drugs	VALSARTAN	TORRENT PHARM	13668006890
416	Torrent Manufactured Drugs	VALSARTAN	TORRENT PHARM	13668006990
417	Torrent Manufactured Drugs	VALSARTAN	TORRENT PHARM	13668007090
418	ZHP Manufactured Drugs	VALSARTAN	A-S MEDICATION	54569658200
419	ZHP Manufactured Drugs	VALSARTAN	A-S MEDICATION	54569658300
420	ZHP Manufactured Drugs	VALSARTAN	SOLCO HEALTHCARE	43547036703
421	ZHP Manufactured Drugs	VALSARTAN	SOLCO HEALTHCARE	43547036809
422	ZHP Manufactured Drugs	VALSARTAN	SOLCO HEALTHCARE	43547036909
423	ZHP Manufactured Drugs	VALSARTAN	SOLCO HEALTHCARE	43547037009
424	ZHP Manufactured Drugs	VALSARTAN-HCTZ	SOLCO HEALTHCARE	43547031109
425	ZHP Manufactured Drugs	VALSARTAN-HCTZ	SOLCO HEALTHCARE	43547031209
426	ZHP Manufactured Drugs	VALSARTAN-HCTZ	SOLCO HEALTHCARE	43547031309
427	ZHP Manufactured Drugs	VALSARTAN-HCTZ	SOLCO HEALTHCARE	43547031409
428	ZHP Manufactured Drugs	VALSARTAN-HCTZ	SOLCO HEALTHCARE	43547031509

Exhibit C

Curriculum Vitae for Laura Craft



Laura R. Craft
President and Director of Contract Analytics

Direct: (510) 463-0133
lcraft@onpointanalytics.com

OnPoint
Analytics

President, 2004– Present:

Laura Craft is a co-founder of OnPoint Analytics, Inc., an economic and statistical consulting firm specializing in database services, and has served as its President since 2004. She is an expert in the pharmaceutical industry and has over 30 years of experience overseeing the preparation and presentation of expert testimony, including industry research, data collection and quantitative analyses, report drafting and quality assurance, data visualizations, and creation of other demonstrative aids. Her engagements range from pre-litigation settlement analyses, white paper submissions, mediations, arbitrations, USPTO proceedings, ITC investigations, and civil litigation in federal and state courts. Her subject matter expertise emphasizes pharmaceuticals, insurance, antitrust, intellectual property, patent validity and damages (including secondary indicia of validity), irreparable injury and estimation of the effects of competition among drugs. Many of the cases she has been responsible for overseeing are class actions requiring analyses of common impact, class-wide damage methodologies, use of proof common to the class, identification of class members and others excluded from the class, and predominance of common questions. She is frequently involved in analyzing formulary response to generic entry and the resulting impact on market shares.

In her role at OnPoint, Laura supervises a staff of Ph.D economists, statisticians, data base technicians, and research analysts. She determines the company's investments in hardware and software infrastructure to support large, multi-faceted database development and rapid statistical programming. Her work on over 60 pharmaceutical cases, both as a testifying expert and project manager, spans almost all major classes of drug treatments. In addition to testifying, she works directly with clients to:

- Develop discovery requests contoured to each case to assure that necessary data is obtained in workable form;
- Procure data from third-party sources including industry participants, commercial data aggregators, and government data repositories;
- Define class membership and test the adequacy of data to specifically identify participants;
- Develop (in concert with experts) and oversee the implementation of analytical frameworks to estimate actual or projected economic losses and the potential for irreparable injury;
- Assure reliability of data and modeling results;
- Incorporate findings into reports, declarations and white papers as needed;
- Design demonstratives, tutorials and other presentations to assist triers of fact in understanding complex material.

PUBLICATIONS

Empirical Challenges in Pharma Litigation, Craft, Kovach, Wallace and Cortez (2017)

“The IMS-Quintiles Merger: A Window Into the Future of Pharmaceutical R&D” (April 2018)

“Biologics Exclusivity and the TPP” (October 2015)

“Biosimilar Conversion: How Slippery is the Slope?” (August 2015)

“Amgen v. Sandoz—Let’s Just Agree to Disagree” (July 2015)

EXPERT TESTIMONY

Peter Staley, et al. v. Gilead Sciences, Inc., et al. (End-Payor Actions)

Hilliard & Shadowen, LLP (2021–)

- Expert Report

In re: Novartis and Par Antitrust Litigation (End-Payor Actions)

Labaton Sucharow LLP (2021–)

- Expert Declaration

In re: Ranbaxy Generic Drug Application Antitrust Litigation

Lowey Dannenberg, P.C. (2020–)

- Expert Reports, Deposition Testimony

In re: Niaspan Antitrust Litigation (End Payor Actions)

Wexler Wallace, LLP (2018–)

- Expert Declarations, Deposition Testimony

In re: Namenda Indirect Purchaser Antitrust Litigation

Miller Law LLC (2020–)

- Expert Declarations, Deposition Testimony

In re: Restasis (Cyclosporine Ophthalmic Emulsion) Antitrust Litigation

Zwerling, Schachter & Zwerling, LLP (2019–)

- Expert Declarations, Deposition Testimony, Class Certification Hearing Testimony

In re: Zetia (Ezetimibe) Antitrust Litigation (End-Payor Actions)

Miller Law (2019–)

- Expert Declarations, Deposition Testimony, Class Certification Hearing Testimony

In re: Opana ER Antitrust Litigation (End-Payor Actions)

Labaton Sucharow (2019)

- Expert Report, Deposition Testimony

In re: Loestrin Antitrust Litigation (End Payor Actions)

Cohen Milstein Sellers & Toll PLLC (2018)

- Expert Declaration, Deposition Testimony, Class Certification Hearing Testimony

In re: Suboxone (Buprenorphine Hydrochloride and Naloxone) Antitrust Litigation (End Payor Actions)

Wexler Wallace, LLP (2018–)

- Expert Declaration, Deposition Testimony



TEACHING

Instructor for Continuing Legal Education programs certified in major jurisdictions throughout the U.S. involving:

- Data and empirical issues in pharmaceutical litigation
- Antitrust claims involving pharmaceutical products
- Estimation of intellectual property damages

EDUCATION

University of California, Hastings College of the Law
Juris Doctor (J.D.) | 1980

University of California, Los Angeles
Bachelor of Arts (B.A.) | 1977 | Cum Laude

Exhibit D

Materials Relied Upon

Pleadings and Court Opinions

In re Loestrin 24 FE Antitrust Litig., 410 F. Supp. 3d 352, 400 (D.R.I. 2019)

In re Namenda Indirect Purchaser Antitrust Litig., No. 1:15-cv-6549, 2021 U.S. Dist. LEXIS 26566, S.D.N.Y. Feb. 11, 2021

In re Niaspan Antitrust Litig., Case Nos. 13-md-2460 (E.D. Pa.) and 21-8042 (Third Circuit)

In re Novartis and Par Antitrust Litigation, Case No. 1:18-cv-04361, U.S. District Court for the Southern District of New York

In re Restasis (Cyclosporine Ophthalmic Emulsion) Antitrust Litig., U.S. Dist. E.D.N.Y., Case No. 18-MD-2819, May 5, 2020, LEXIS 82725

In Re: Zetia (Ezetimibe) Antitrust Litigation, 2:18-md-2836, U.S. District Court for the Eastern District of Virginia, August 20, 2021

Order granting leave to appeal, October 7, 2021, U.S. Court of Appeals for the Third Circuit, Case No. 21-8042 (now docketed as pending Case No. 21-2895)

Order, September 30, 2021, U.S. Court of Appeals for the Fourth Circuit, Case No. 21-258

Staley, et al. v. Gilead Sciences, Inc., et al., 3:19-cv-2573, U.S. District Court for the Northern District of California

Third Amended Consolidated Economic Loss Class Action Complaint, filed November 1, 2021

Statutes and Regulations

42 U.S.C. §300ff, et seq.

45 CFR §162 (2003)

CFR §423.505(d)

FDA, “Title II of the Drug Quality and Security Act,” December 16, 2014, accessed September 10, 2021 at <https://www.fda.gov/drugs/drug-supply-chain-security-act-dscsa/title-ii-drug-quality-and-security-act>

Federal Register, August 17, 2000 (Volume 65, Number 160)

Expert Reports and Declarations

Declaration of James Calandriello (Express Scripts), (Declaration filed publicly in *Zetia*, Dkt. No. 730-19) (Declaration filed publicly in *Restasis*, Dkt. No. 396-4, at pp. 587-91), April 9, 2019

Declaration of Jon Stocker (Prime Therapeutics) (Declaration filed publicly in *Zetia*, Dkt. No. 730-21) (Declaration Filed Publicly in *Restasis*, Dkt. 396-4, at pp. 599-602), March 13, 2019

Declaration of Kent Rogers (OptumRx), (Declaration filed publicly in *Zetia*, Dkt. No. 730-20) (Declaration Filed Publicly in *Restasis*, Dkt. No. 396-4, at pp. 593-97), April 4, 2019

Declaration of Steven Schaper (Caremark) (Declaration Filed Publicly in *Zetia*, Dkt. No. 939-5), March 18, 2020

Deposition Testimony

Deposition of Brian Strong (Walgreens), September 22, 2021*

Deposition of Britt Turner (Kroger), September 30, 2021*

Deposition of Catherine Stimmel (Walgreens), September 20, 2021*

Deposition of Cesar Cedeno (Humana), September 27, 2021*

Deposition of Christopher Miranda (MSP Recovery), April 29, 2021*

Deposition of Dadrian Gaston (Walmart), September 27, 2021*

Deposition of Daniel Brais (Humana), September 28, 2021*

Deposition of Dick Derks (Walmart), September 27, 2021*

Deposition of Erin Shaal (Albertsons), September 22, 2021*

Deposition of John Holderman (CVS and Caremark), October 1, 2021*

Deposition of Ketan Patel (OptumRx), October 7, 2021*

Deposition of Margaret Finn (EmblemHealth), July 30, 2021

Deposition of Nathan Hunnell (Humana), September 28, 2021*

Deposition of Owen McMahon (Rite Aid), September 23, 2021*

Deposition of Patricia Cobb (Anthem), October 21, 2021

Deposition of Scott Griffin (CVS & Caremark), October 1, 2021*

Deposition of Scott Jacobson (Rite Aid), September 23, 2021*

Deposition of Stacy Zulueta (Walmart), September 27, 2021*

Deposition of Steven Taylor (OptumRx), October 7, 2021*

Deposition of Susan Peppers (Express Scripts), September 28, 2021*

Deposition of Thomas Brown (MADA), May 28, 2021*

Deposition of Tiffanie Mrakovich (SummaCare), August 31, 2021

Deposition of Tiffanie Mrakovich (SummaCare), July 22, 2021

Deposition of Wendy Woon-Fat (OptumRx), October 7, 2021*

* Includes accompanying deposition exhibits

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Walgreens

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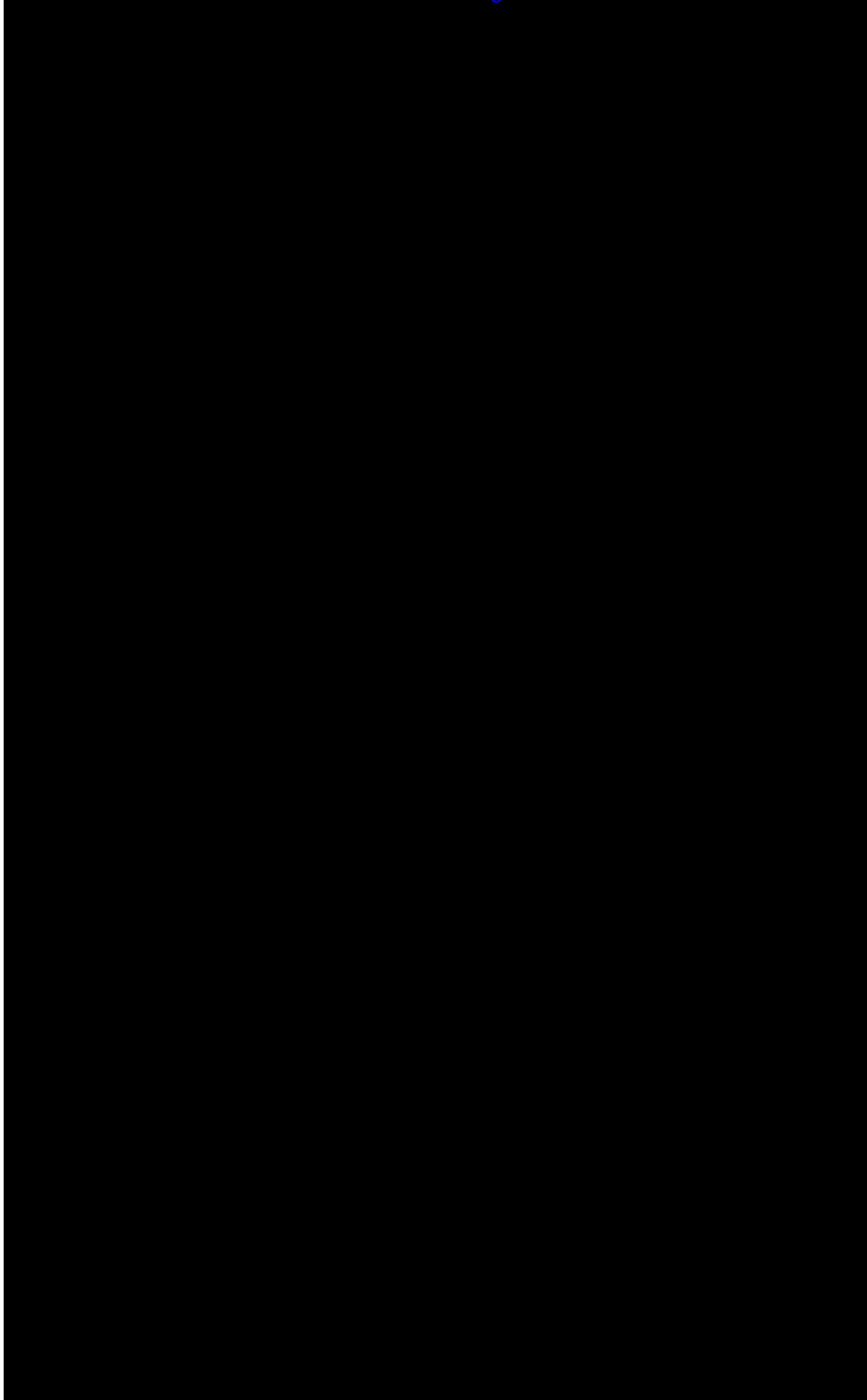
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Walmart

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Exhibit E

Summary of Retail Pharmacy Claims Data



Data Set

Source Documents

